

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Berjamin Franklin Andersen

Town *Kemilworth* County *Princ George* MARYLAND

Died at

Date of death **1907** *July* *19* **Age** *58* **Months** *11* **Days** *18*

Sex *male* Color or Race *white* Birth-place *D. C.*

Occupation *laborer* Where Residing If not at place of death

Married, Single or Widowed *widowed* Name of Wife or Husband *Mary Elizabeth*

Father's Name *Andersen* Father's Birthplace *unknown*

Mother's Maiden Name *unknown* Mother's Birthplace *unknown*

Name of person giving Information *George F. Andersen* How related to deceased *son*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

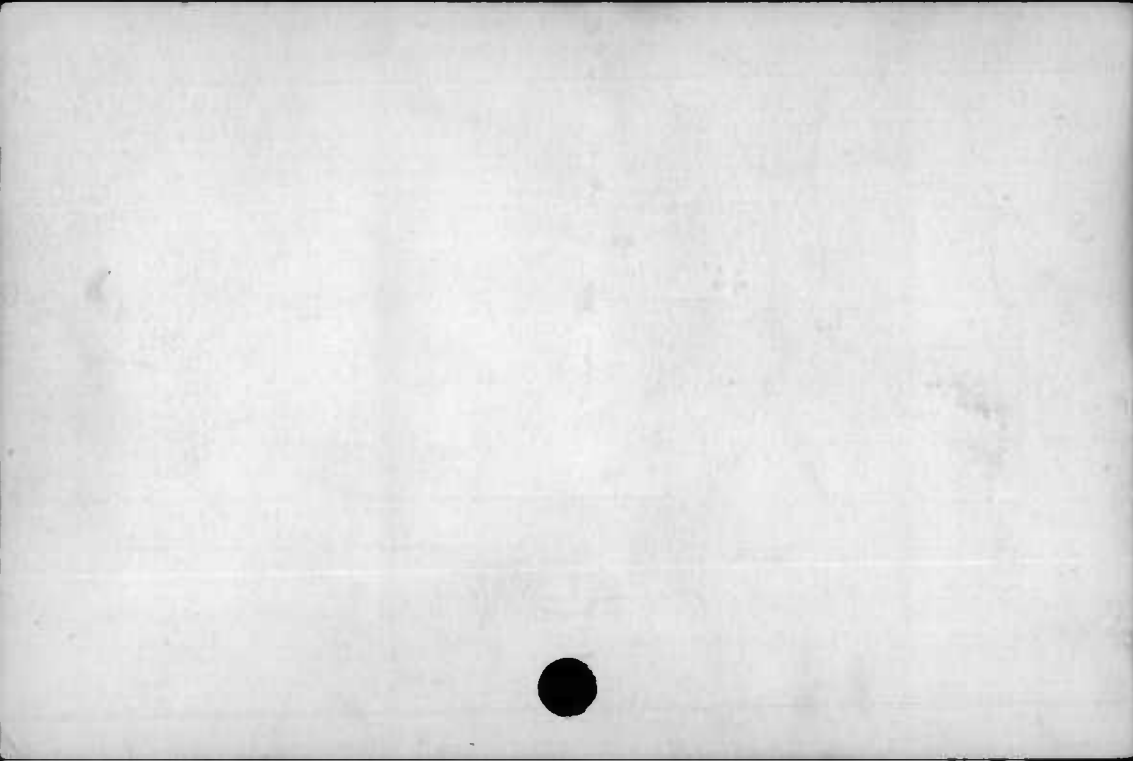
Primary *sun stroke* **169** How long *10 hrs.*

Immediate *syncope* How long *10 min.*

Are the name, age, sex, color, date and place correctly given above? *as* Signature of Physician *J. M. Brady, M.D.*

nearly as could be obtained Address *Kemilworth, D.C.*

Accident or Suicide?



Name
in
Full

Mary Elizabeth Reher

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Bethesda</u> <small>Town</small>		<u>Prince George</u> <small>County</small>		MARYLAND	
Date of death	1907	Month	July	Day	12
Age		09		Years	
Sex	Female	Color or Race	White	Birth-place	Maryland
Occupation	Housewife		Where residing if not at place of death at place of residence		
Married, Single & Widowed	Name of Wife or Husband		Mary Elizabeth Reher		
Father's Name	Dont Know		Father's Birthplace	Dont Know	
Mother's Maiden Name	Mary Elizabeth Coal		Mother's Birthplace	Dont Know	
Name of person giving information	Huldah Reher		How related to deceased	Son	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Pericarditis</u>	How long	<u>about 1 year</u>
Immediate	<u>Hemorrhage</u>	How long	<u>20 minutes</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		<u>C. A. Gray</u>	
Accident or Suicide?		Address	
		<u>Bethesda</u>	



Name
in
Full

George H. Bodine

CERTIFICATE OF DEATH

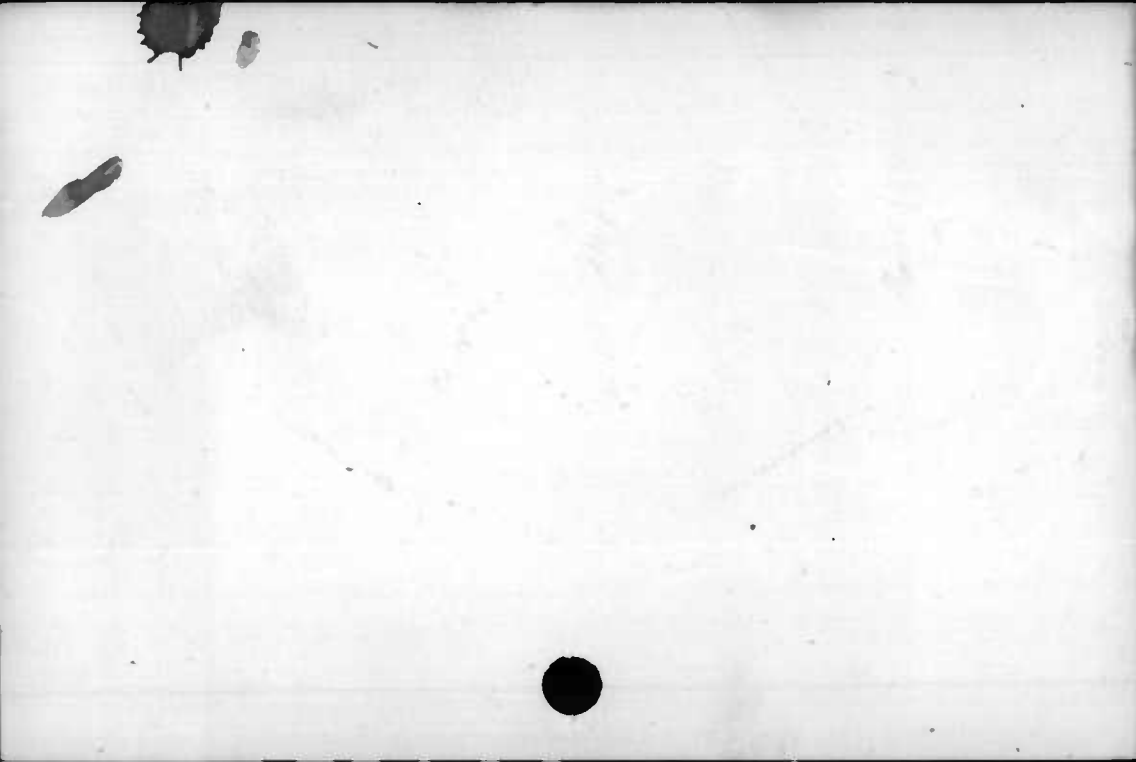
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town North Keys		County Prince George's		MARYLAND	
Date of death		Month July	Day 17	Years 47	Months 10	Days —	
Sex male		Color or Race white		Birthplace Md			
Occupation Farmer				Where Residing if not at place of death Md			
Married, Single Married		Name of Wife or Husband Bertha E. Bodine					
Father's Name John H. Bodine		Father's Birthplace Md.					
Mother's Maiden Name Elizabeth Wright		Mother's Birthplace Md					
Name of person giving information W. M. Baker		How related to deceased Brother					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	(15-9)	How long
Immediate	gun shot wound	How long
Are the name, age, sex, color, date and place correctly given above?		
yes		
Signature of Physician Joseph W. Rawlings Acting Coroner		
Address North Keys Md.		
Accident or Suicide? Suicide		



Name
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CERTIFICATE OF DEATH

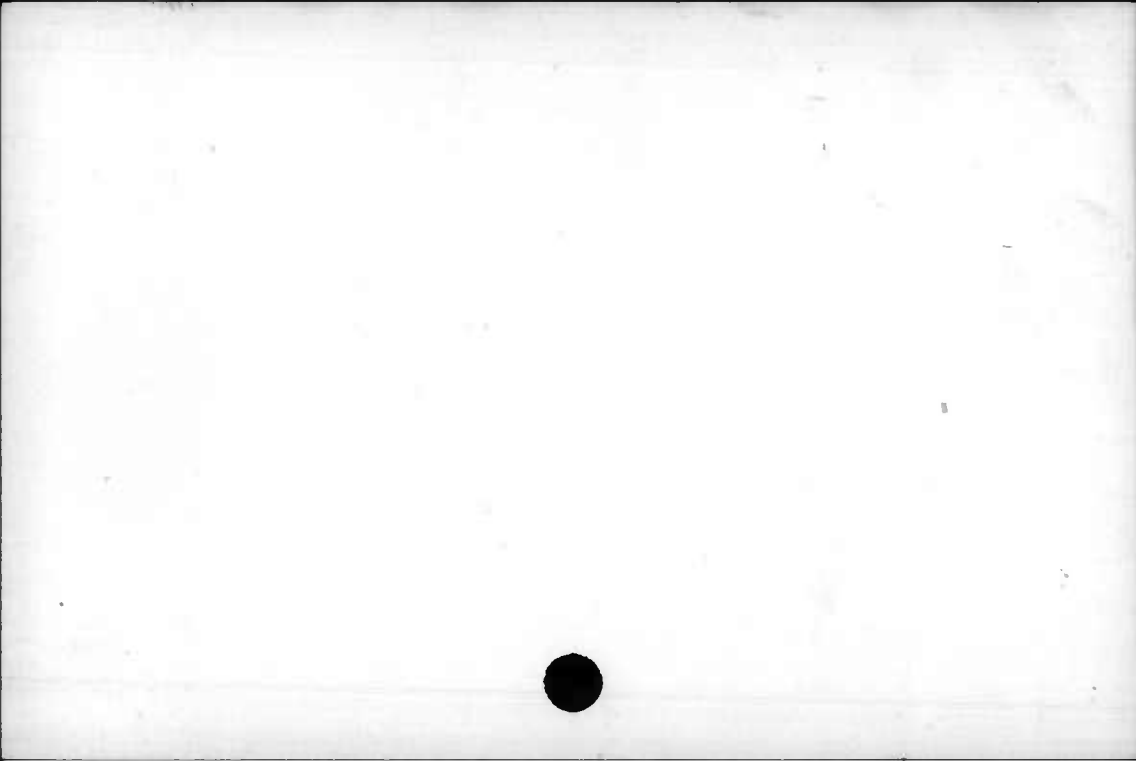
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Squasso</u> Town		<u>P.B.</u> County		MARYLAND	
Date of death	1907	Month	7	Day	26
Age		18		Months	Years
Sex	Male	Color or Race	Colored	Birth-place	Maryland
Occupation	Laborer		Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband			
Father's Name	Edward Bond		Father's Birthplace		
Mother's Maiden Name	Ann Maddox		Mother's Birthplace		
Name of person giving information	J. C. Hollander		How related to deceased		
		Brother in law			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Acute Indigestion</u>	How long	<u>1. day</u>
Immediate	<u>Exhaustion</u>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		<u>H. Martin Brown M.D.</u>	
		Address	
		<u>Squasso, Md.</u>	
Accident or Suicide?			



Name
in
Full

Mary Adeline Bowen

CERTIFICATE OF DEATH

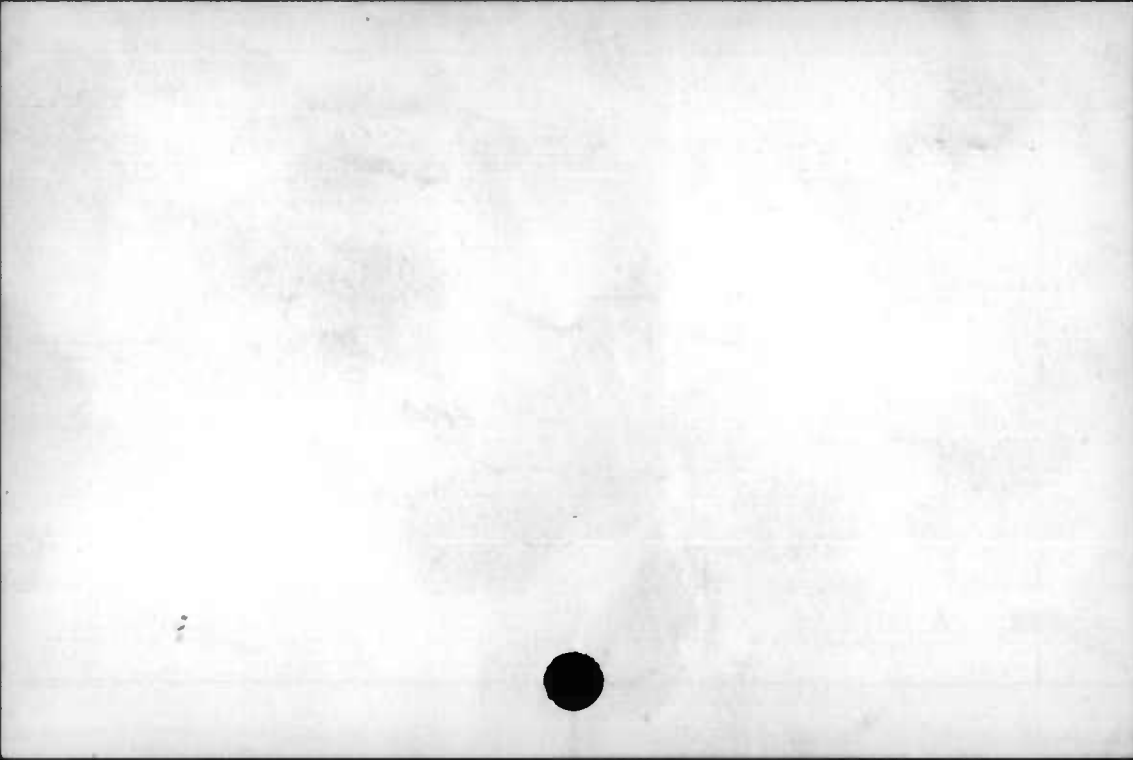
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Bright Seat</i> <small>Town</small>		<i>Prince George</i> <small>County</small>		MARYLAND	
Date of death <i>1907</i> <small>Month</small> <i>July</i> <small>Day</small> <i>22</i>		Age <i>—</i> <small>Years</small>		Months <i>6</i> <small>Days</small> <i>—</i>	
Sex <i>female</i>		Color or Race <i>Black</i>		Birth-place <i>Bright Seat</i>	
Occupation <i>None</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed		Name of Wife or Husband <i>—</i>			
Father's Name <i>William Bowen</i>		Father's Birthplace <i>Md.</i>			
Mother's Maiden Name <i>Alice Cooper</i>		Mother's Birthplace <i>Md.</i>			
Name of person giving information <i>Father</i>		How related to deceased <i>Father.</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Marasmus</i>	<i>179</i>	How long <i>About 3 months</i>
Immediate <i>Exhaustion</i>		How long <i>About 2 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>R. A. Schooner</i>	
	Address <i>Berning</i>	
	<i>D.C.</i>	
Accident or Suicide? <i>—</i>		



Name
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CERTIFICATE OF DEATH

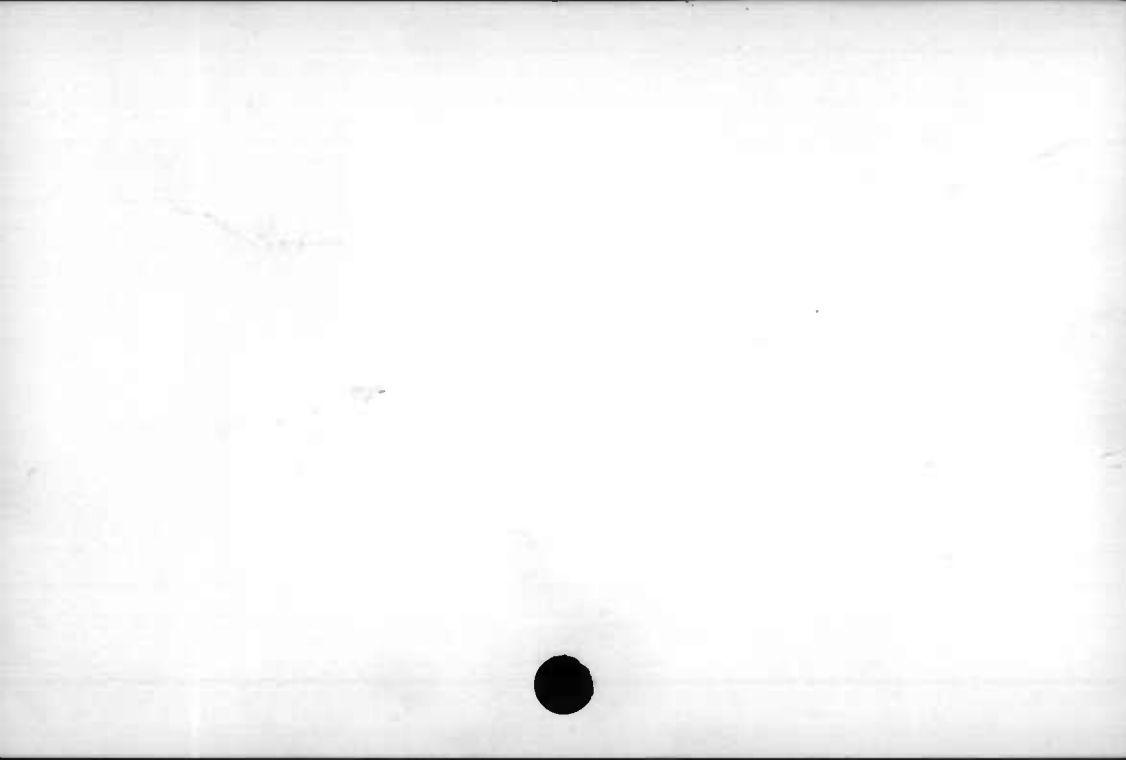
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Mary M. Brady</i>		Town <i>near Marlboro</i>		County <i>Pr. Geo.</i>		MARYLAND	
Died at <i>near Marlboro</i>		Date of death <i>1907 July 7</i>		Age <i>35</i>		Months <i>—</i> Days <i>—</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>A. A. Co. Md.</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Norman Brady</i>					
Father's Name <i>Jos. H. Ireland</i>		Father's Birthplace <i>A. A. Co. Md.</i>					
Mother's Maiden Name <i>Phillips</i>		Mother's Birthplace <i>A. A. Co. Md.</i>					
Name of person giving information <i>J. Norman Brady</i>		How related to deceased <i>Husband</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis intercurrent</i>	How long <i>6 mos.</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>L. A. Griffith</i>
	Address <i>Upper Marlboro Md.</i>
Accident or Suicide? <i>No</i>	



Name
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Full

Mura Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Clinton ^{Town} P. G. ^{County}

Date of death 1907 ^{Month} July ^{Day} 23rd ^{Years} 17 ^{Months} ^{Days}

Sex Female Color or Race Negro Birth-place Ind

Occupation Domestic Where Residing if not at place of death At home

~~Married~~, Single
~~or Widowed~~

Name of Wife or Husband

Father's Name John W. Brown

Father's Birthplace

IndMother's Maiden Name Agnes Brown

Mother's Birthplace

Ind

Name of person giving information

Alice Brown

How related to deceased

Sister

CAUSES OF DEATH

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PHYSICIAN
OR CORONERImmediate Paralytic & Exhaustive

How long

7 weeks

Immediate

Paralytic & Exhaustive

How long

2 weeks

Are the name, age, sex, color, date and place correctly given above?

Yes

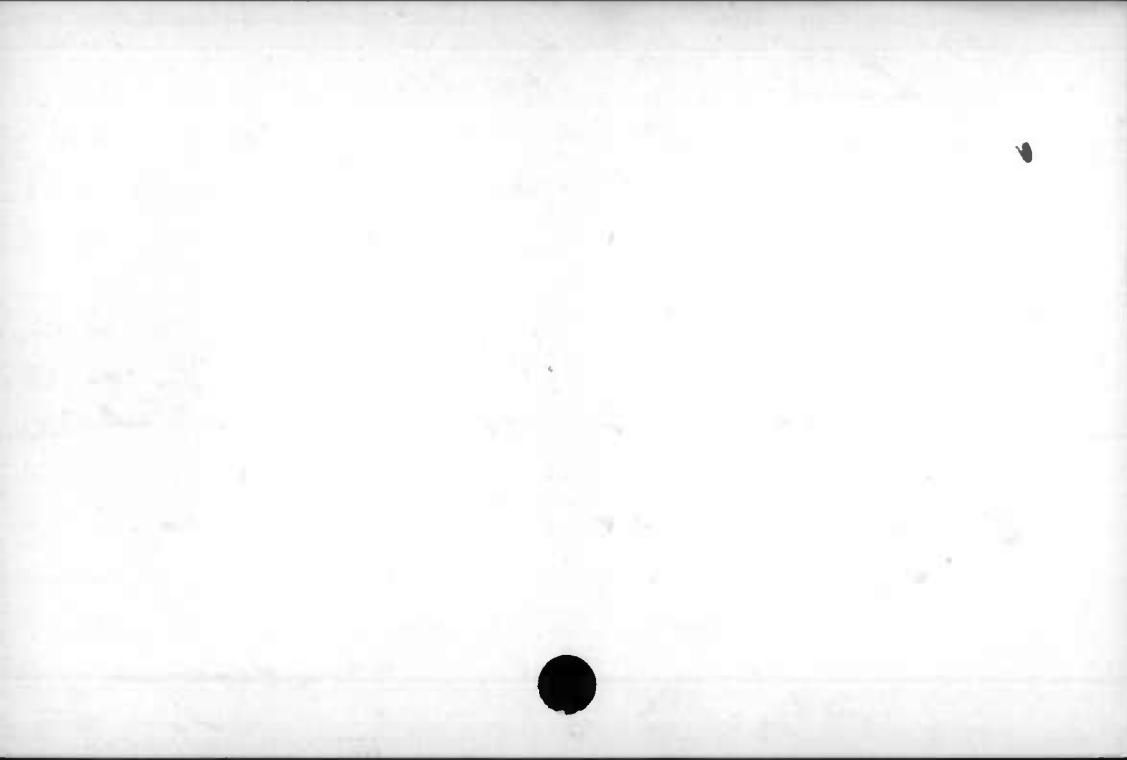
Signature of Physician

J. L. Wadding

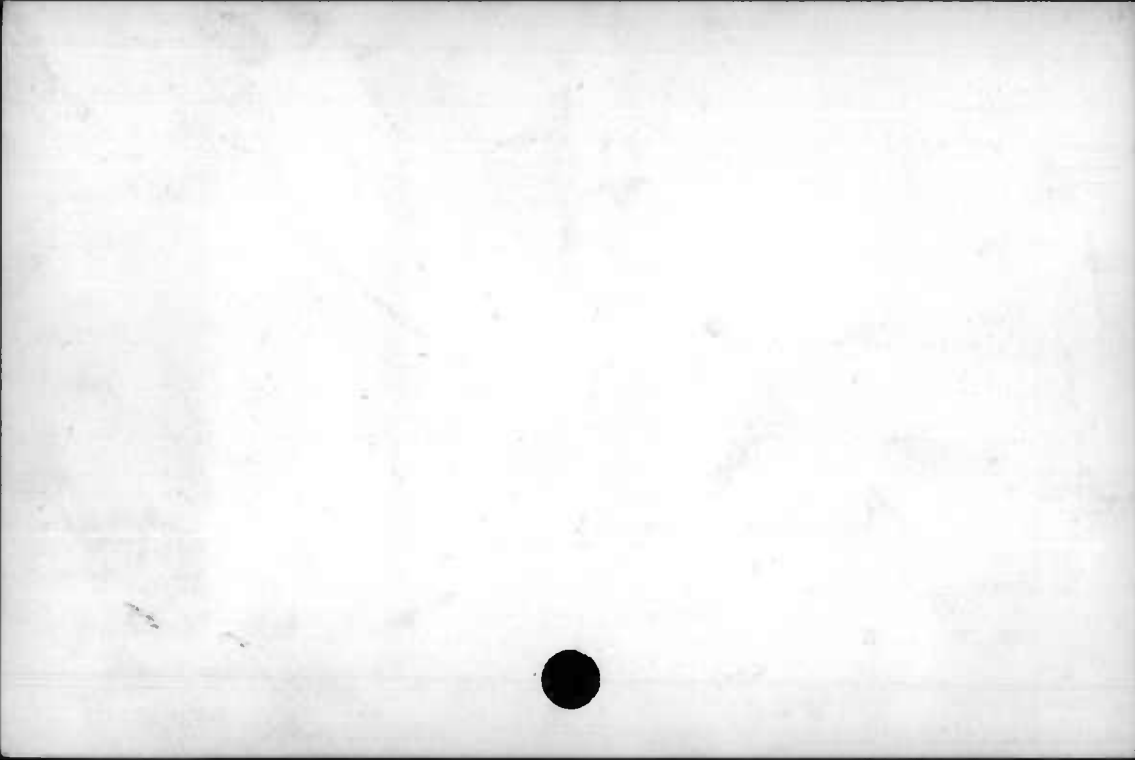
Address

Clinton

Accident or Suicide?



Name in Full		Town				County		CERTIFICATE OF DEATH							
TO BE ANSWERED BY NEAREST FRIEND		Died at		Landover		Pr Geo		MARYLAND							
		Date of death		1907	Month	July	Day	12	Age	—	Years	Months	5	Days	20
		Sex		male		Color or Race		Caucasian		Birth-place		Landover MD			
		Occupation		none		Where Residing if not at place of death		—							
		Married, Single or Widowed		single		Name of Wife or Husband		—							
		Father's Name		Joseph R. Brown		Father's Birthplace		Pr Geo Co MD							
		Mother's Maiden Name		Louise		Mother's Birthplace		Pr Geo Co MD							
Name of person giving information		Joseph Brown		How related to deceased		Father									
PHYSICIAN OR CORONER		CAUSES OF DEATH													
		Primary		Tuberculosis				(93)		How long		7 days			
		Immediate								How long		cc			
		Are the name, age, sex, color, date and place correctly given above?		yes				Signature of Physician		H. F. Willis					
								Address		Hyattsville					
		Accident or Suicide?		no						M.D.					



Name
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CERTIFICATE OF DEATH

James Bradford Burnside
 Died at *Hyattsville* ^{Town} *Prince George's* ^{County}

MARYLAND

Date of death *1907* ^{Month} *July* ^{Day} *25th* ^{Years} *51* ^{Months} *7* ^{Days} *7*

Sex *Male* Color or Race *White* Birth-place *Breastport, Ill*

Occupation *Clerk* Where Residing if not at place of death

Married, Single or Widowed *Married* Name of Wife or Husband *Ann Wood Burnside*

Father's Name *J. O. P. Burnside* Father's Birthplace *Don't Know*

Mother's Maiden Name *Ann Augusta Smith* Mother's Birthplace *Don't Know*

Name of person giving information *Harold W. Burnside* How related to deceased *Son*

CAUSES OF DEATH

Primary *Paralysis* *66* How long *17 days*
 Immediate *LL* How long *LL*

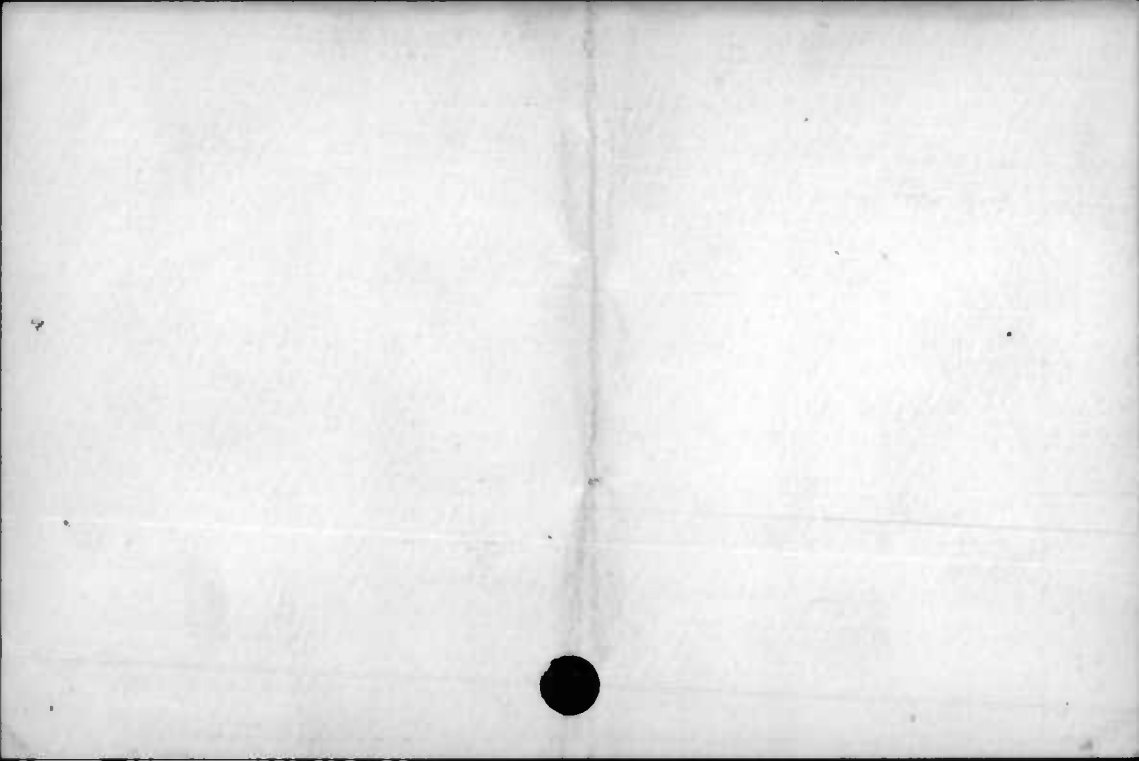
Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *H. C. Willis*
 Address *Hyattsville*
MD

Accident or Suicide? *No*

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



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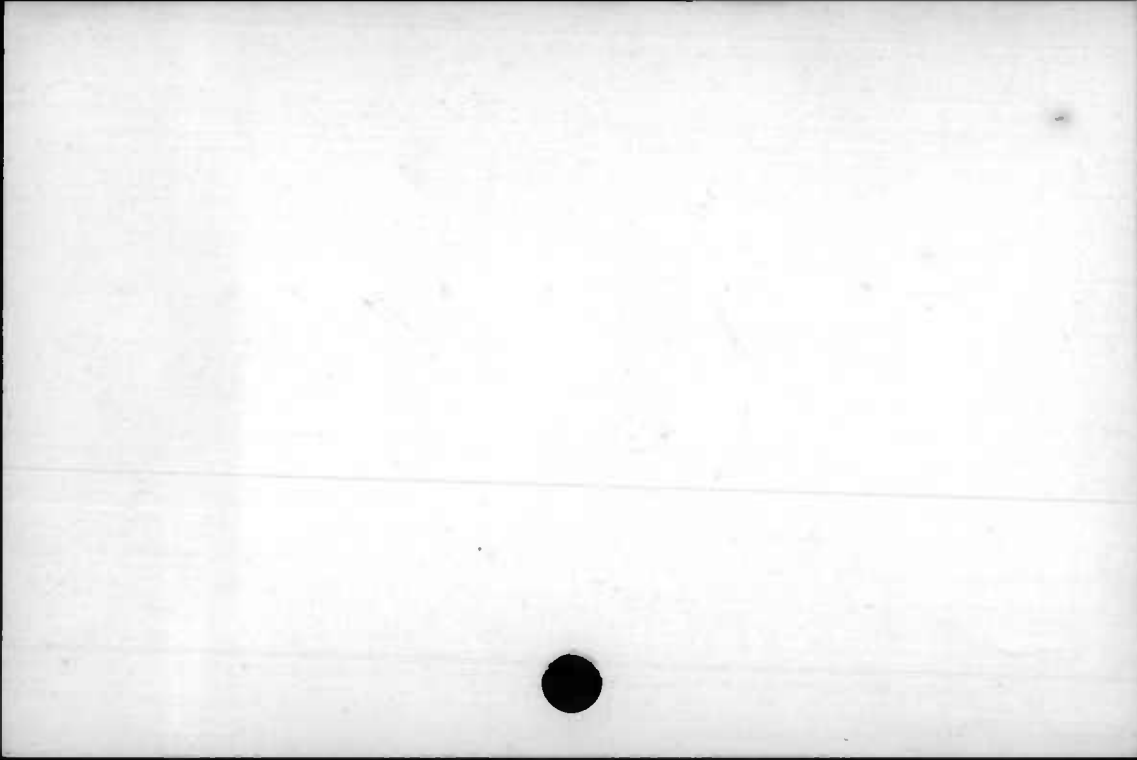
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Murkirk</i> ^{Town}		<i>Burton</i> ^{County}		PRINCE GEORGES		MARYLAND	
Date of death	1907	Month	July	Day	30 th	Age	Years 2 Months 22
Sex	<i>male</i>		Color or Race	<i>white</i>		Birth-place	<i>Murkirk</i>
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name				<i>W. H. Burton</i>			
Mother's Maiden Name				<i>Amy Hopkins</i>			
Name of person giving information				<i>Wm H Burton</i>			
Father's Birthplace				<i>Baltimore</i>			
Mother's Birthplace				<i>Bowie</i>			
How related to deceased				<i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Cholera Infantum</i>	How long	<i>2 weeks.</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		<i>J. R. Hunt</i>	
Address		<i>Laurel Md</i>	
Accident or Suicide?			



Name

in
Full

CERTIFICATE OF DEATH

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NEAREST FRIEND

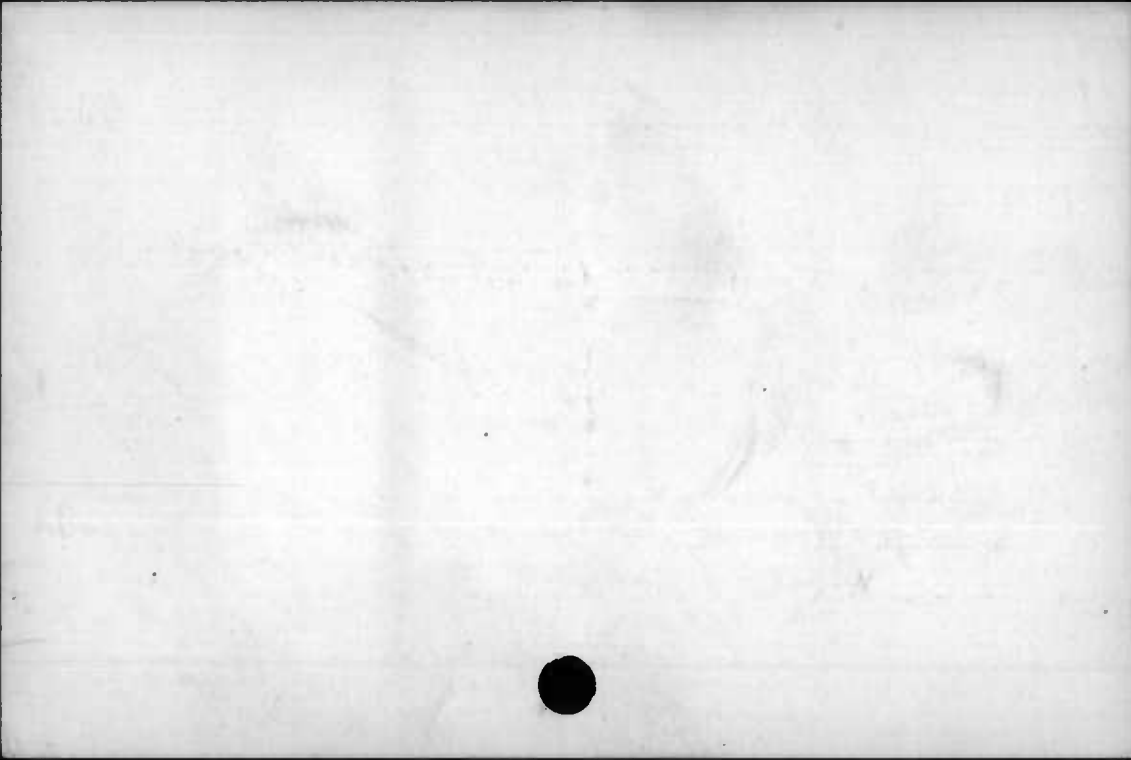
Died at <i>Cakemont</i> ^{Town}		<i>Prince George</i> ^{County}		MARYLAND	
Date of death	<i>1907</i> ^{Month}	<i>July</i> ^{Day}	<i>25</i> ^{Age}	<i>2</i> ^{Months}	<i>0</i> ^{Days}
Sex	<i>female</i>	Color or Race	<i>white</i>	Birth-place	<i>Cakemont, P.O. Md.</i>
Occupation	<i>none</i>	Where Residing if not at place of death			
Married, Single or Widowed	<i>single</i>	Name of Wife or Husband			
Father's Name	<i>John Cohen</i>			Father's Birthplace	<i>Hudsonia</i>
Mother's Maiden Name	<i>Eliza Gibbs</i>			Mother's Birthplace	<i>N. C.</i>
Name of person giving information	<i>John Cohen</i>			How related to deceased	<i>father</i>

CAUSES OF DEATH

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PHYSICIAN
OR CORONER

Primary	<i>hemorrhage from navel</i>	How long	<i>3 days</i>
Immediate	<i>asthma</i>	How long	<i>6 hours</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>Dr. M. Brady</i>
		Address	<i>Kemlerville, N.Y.</i>
Accident or Suicide?			



Name
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Full

Bettie G. Conway

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

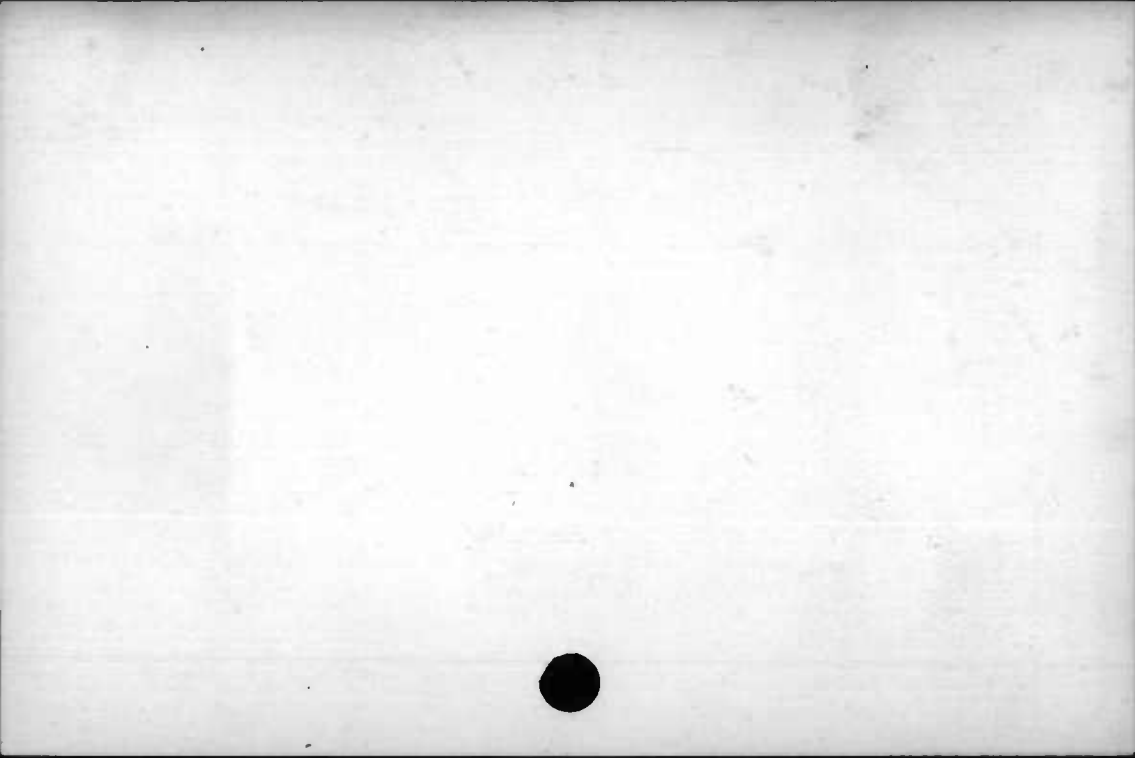
Died at		Town Munkirk		County Pr. Geo		MARYLAND	
Date of death		1907	Month July	Day 12	Age 5	Years 0	Months 3
Sex		Color or Race Black		Birth-place Munkirk		Days 12	
Occupation Child		Where Residing if not at place of death Munkirk					
Married, Single or Widowed Single		Name of Wife or Husband [Signature]					
Father's Name Joseph S. Conway		Father's Birthplace Virginia					
Mother's Maiden Name Matilda Brewer		Mother's Birthplace Maryland					
Name of person giving information Joseph S. Conway		How related to deceased Father					

CAUSES OF DEATH

①

PHYSICIAN
OR CORONER

Primary	Typhoid Fever	How long	2 weeks
Immediate	Meningitis	How long	3 days
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		J. R. Hunt M.D.	
Address		Laurel	
Accident or Suicide?		—	



Name
in
Full

Chas A. Cook -

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Samuel</i> ^{Town}		<i>Prince George's</i> ^{County}		MAYLAND	
Date of death	1907	Month	7	Day	25
Age		48		Years	
Sex	Male	Color or Race	White	Birth-place	New York
Occupation	Engineer	Where Residing if not at place of death		Balto. Md	
Married, Single Widowed		Name of Wife or Husband		Unknown	
Father's Name	Unknown			Father's Birthplace	Unknown
Mother's Maiden Name	Unknown			Mother's Birthplace	Unknown
Name of person giving information				How related to deceased	

CAUSES OF DEATH

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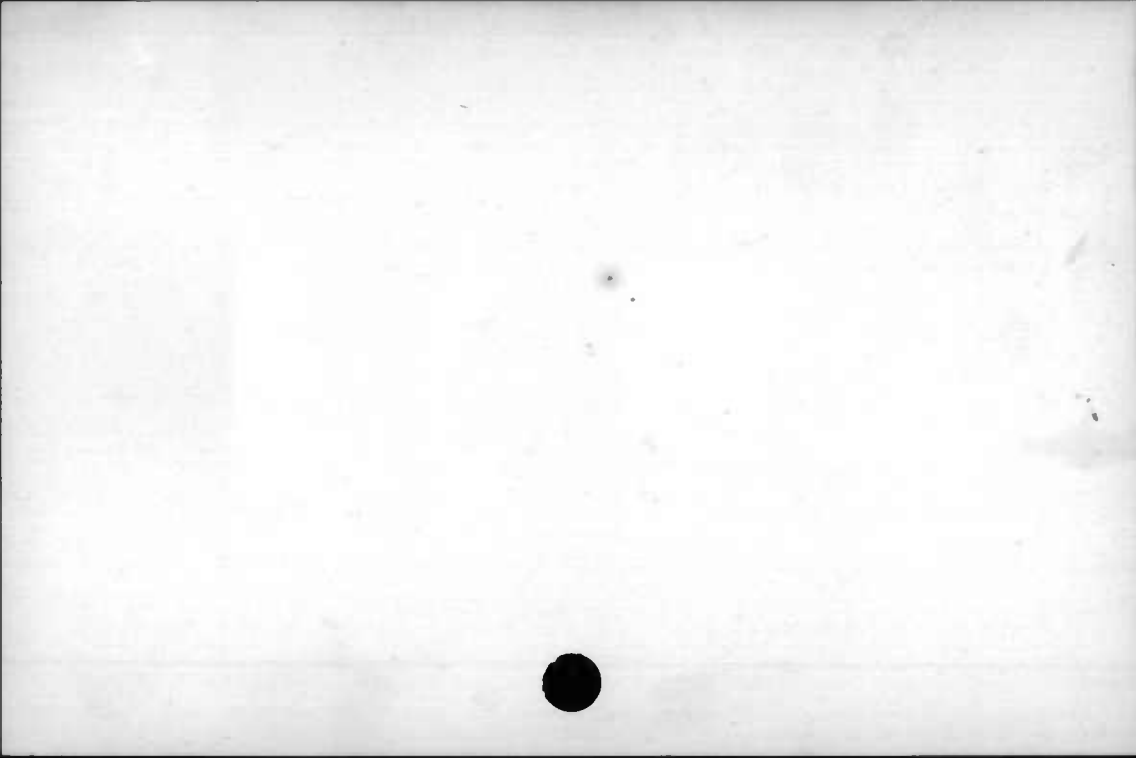
PHYSICIAN
OR CORONER

Primary	<i>Manic - Depressive Insanity</i>	How long	
Immediate	<i>Acute Exhaustion</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Yes	
Accident or Suicide?		No.	

Signature of Physician

Address

Jesse C. Coggins
Samuel
Maryland



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

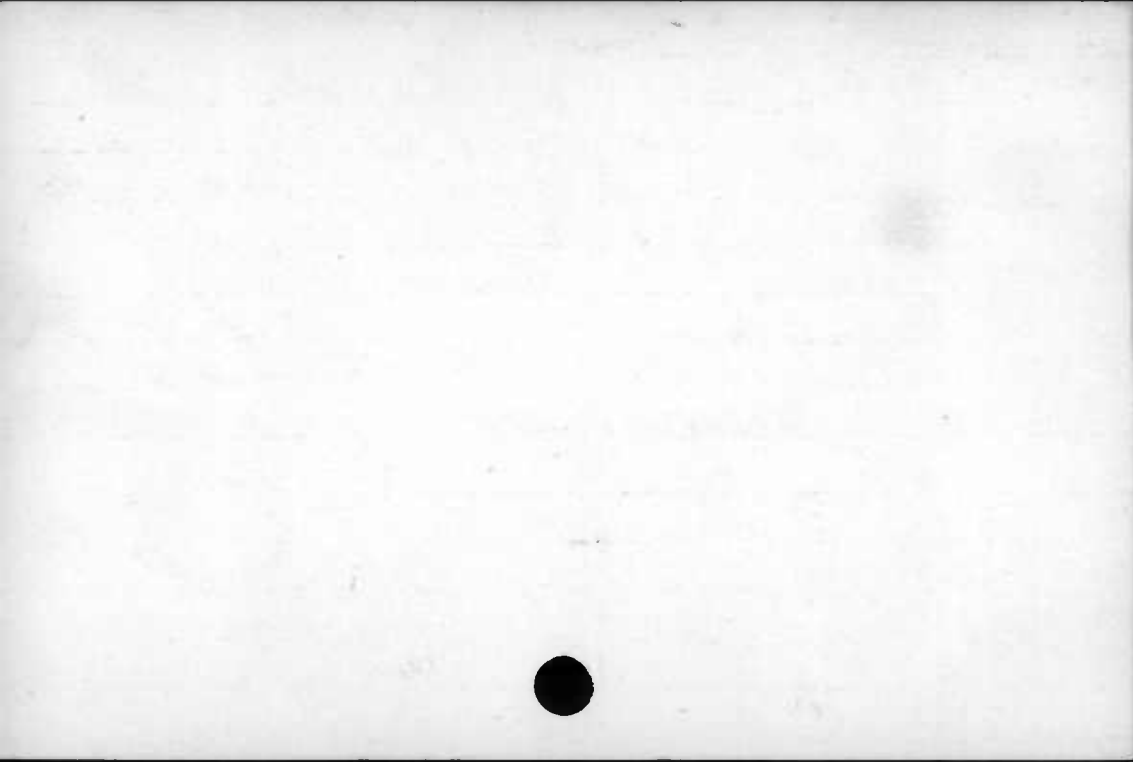
Name in Full <i>Annets Crosby</i>		Town <i>Marboro.</i>		County <i>D. Geo.</i>		State <i>MARYLAND</i>	
Died at		Date of death		Age		Months	
		<i>1907 July</i>		<i>5</i>		<i>1</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birthplace <i>Upper Marlboro</i>			
Occupation <i>None</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Nilson Crosby</i>		Father's Birthplace <i>A. A. G. Md</i>					
Mother's Maiden Name <i>Jones</i>		Mother's Birthplace <i>D. Geo. G. "</i>					
Name of person giving information <i>Nilson Crosby</i>		How related to deceased <i>Sister</i>					

CAUSES OF DEATH

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PHYSICIAN
OR CORONER

Primary Cause <i>Cholera Infantum</i>		How long <i>5 dys.</i>	
Immediate Cause		How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Dr. Griffith</i>	
		Address <i>Upper Marlboro, Md</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

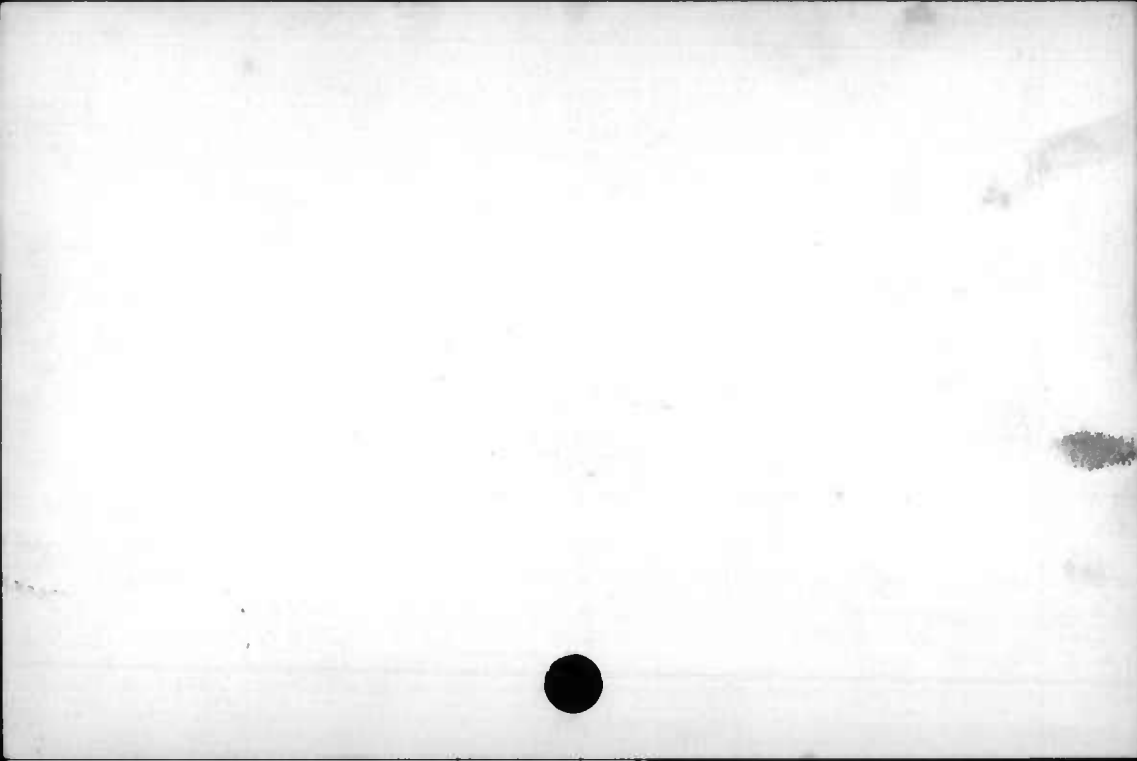
TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Name in Full <i>William B Diggs</i>		Town <i>Northton</i>		County <i>R. Yes</i>	
Died at <i>Northton</i>		Month <i>July</i>		Day <i>27</i>	
Date of death <i>1907</i>		Age <i>6</i>		Years <i>6</i>	
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>md</i>	
Occupation <i>none</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>Henry Diggs</i>		Father's Birthplace <i>md</i>			
Mother's Maiden Name <i>Mary Batson</i>		Mother's Birthplace <i>md</i>			
Name of person giving information <i>Henry Diggs</i>		How related to deceased <i>Father</i>			

CAUSES OF DEATH

Primary <i>Gastro-Enteritis</i>	How long <i>3 days</i>
Immediate <i>Eclampsia</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. H. Gibson</i>
	Address <i>Croom md</i>
Accident or Suicide?	



Name
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CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Aquasco</i> Town		<i>Prince George</i> County		MARYLAND	
Date of death	1907	Month	7	Day	12
Age	1	Years		Months	
Sex	Male	Color or Race	Colored	Birth-place	<i>Aquasco Md</i>
Occupation	Where Residing if not at place of death <i>Aquasco Md</i>				
Married, Single or Widowed	<i>Single</i>	Name of Wife or Husband			
Father's Name	<i>Robert Duckett -</i>			Father's Birthplace	<i>Maryland</i>
Mother's Maiden Name	<i>Lizzie Douglas</i>			Mother's Birthplace	<i>"</i>
Name of person giving information	<i>B. Magruder</i>			How related to deceased	<i>None</i>

CAUSES OF DEATH

Primary	<i>(14)</i>	How long	
Immediate	<i>Dysentery</i>	How long	<i>4 days -</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes -</i>	Signature of Physician	<i>Jos. A. Fowler. sub. reg.</i>
		Address	<i>Baden. Md -</i>
Accident or Suicide?			

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Name
in
Full

Henry B Dutton

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Seabrook</u> <small>Town</small>		<u>Prince George</u> <small>County</small>		MARYLAND	
Date of death	<u>1907</u> <small>Year</small>	<u>July</u> <small>Month</small>	<u>23rd</u> <small>Day</small>	<u>six</u> <small>Months</small>	<u></u> <small>Days</small>
Sex	<u>male</u>	Color or Race	<u>white</u>	Birth-place	<u>P. G. Ct. Md</u>
Occupation	<u>none</u>		Where Residing if not at place of death <u>-</u>		
Married, Single or Widowed	<u>single</u>	Name of Wife or Husband <u>-</u>			
Father's Name	<u>Charles P Dutton</u>			Father's Birthplace	<u>Delaware</u>
Mother's Maiden Name	<u>Florence Beaver</u>			Mother's Birthplace	<u>Md</u>
Name of person giving information	<u>Charles P Dutton</u>			How related to deceased	<u>Father</u>

CAUSES OF DEATH

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PHYSICIAN
OR CORONER

Primary	<u>Natural Causes</u>	How long	<u>12 hours</u>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician	<u>Augustus H Dahler</u>
		Address	<u>Retiring Coroner</u> <u>Bladensburg Md</u>
Accident or Suicide?			



Name
in
Full

Edward W. Echo

CERTIFICATE OF DEATH

TO BE ANSWERED BY
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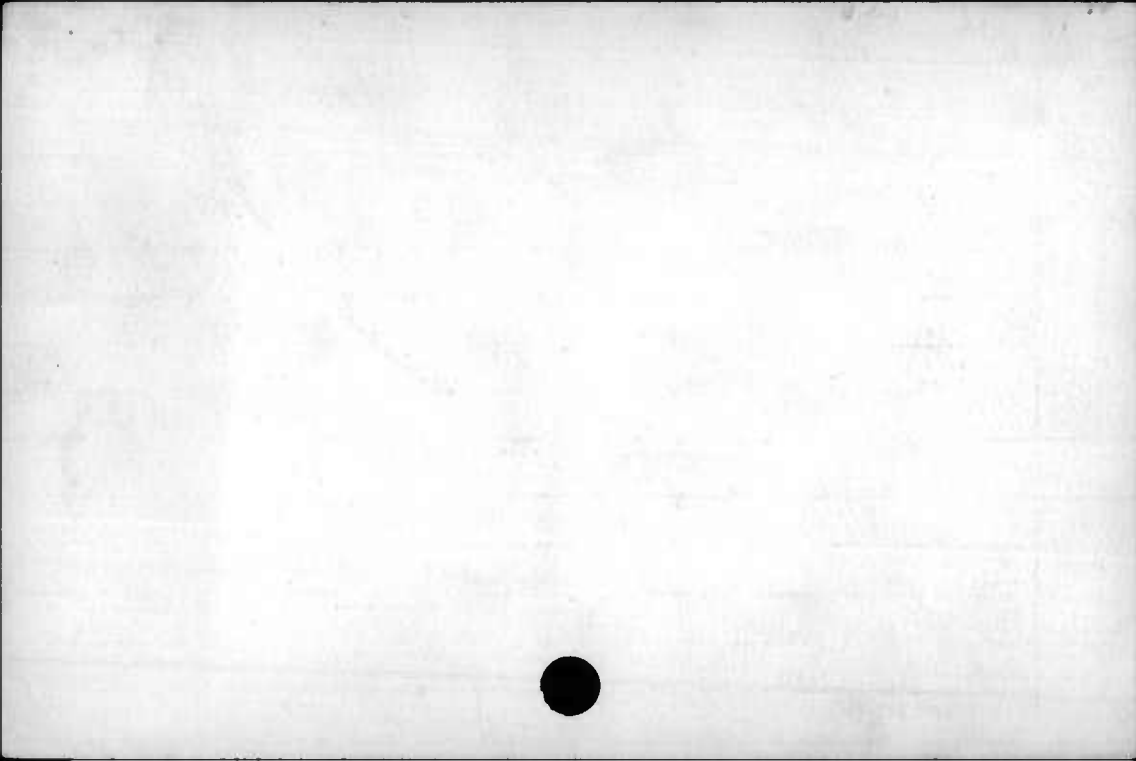
Died at		Bowie		P. G.		County		MARYLAND	
Date of death		1907	Month	July	Day	15	Age	64	Years
								Months	May
								Days	27
Sex		Male		Color or Race		White		Birth-place	
								Richmond Va	
Occupation		Leaborn		Where Residing if not at place of death					
Married, Single or Widowed		Married		Name of Wife or Husband					
				Mary E Echo					
Father's Name		Unknown		Father's Birthplace					
				Unknown					
Mother's Maiden Name		Unknown		Mother's Birthplace					
				Unknown					
Name of person giving information				How related to deceased					

CAUSES OF DEATH

41

PHYSICIAN
OR CORONER

Primary		Carcinoma of the Rectum		How long		One year	
Immediate		Asphyxia		How long			
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		J. M. D. O'Connell M.D.			
		Address		Springfield			
				Rich.			
Accident or Suicide?							



Name
in
Full

Low Picklin

CERTIFICATE OF DEATH

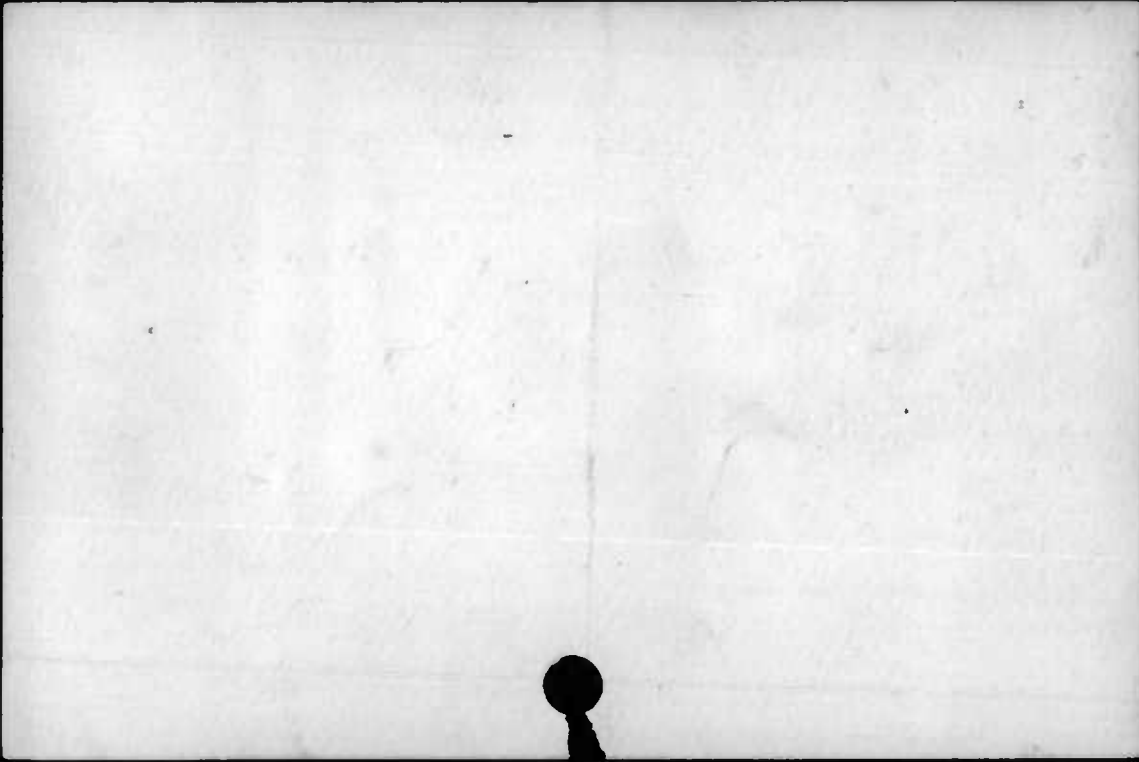
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hyattsville</i> <small>Town</small>		<i>Prince George</i> <small>County</small>		MARYLAND	
Date of death	<i>1907</i>	Month <i>July</i>	Day <i>20th</i>	Age <i>26</i> <small>Years</small>	Months <i></i> Days <i></i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Charleston S.C.</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death <i></i>			
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Geo E. Picklin</i>				
Father's Name <i>Geo. Brackman</i>	Father's Birthplace <i>S.C.</i>				
Mother's Maiden Name <i>Dont Brown</i>	Mother's Birthplace <i>S.C.</i>				
Name of person giving information <i>Estelle Miller</i>	How related to deceased <i>Friend</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Consumption</i>	How long <i>Six months</i>
Immediate <i>"</i>	How long <i>16</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>H. T. Willis</i>
	Address <i>Hyattsville</i>
Accident or Suicide? <i>No</i>	<i>W.D.</i>



Name
in
Full

Robert Fletcher

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

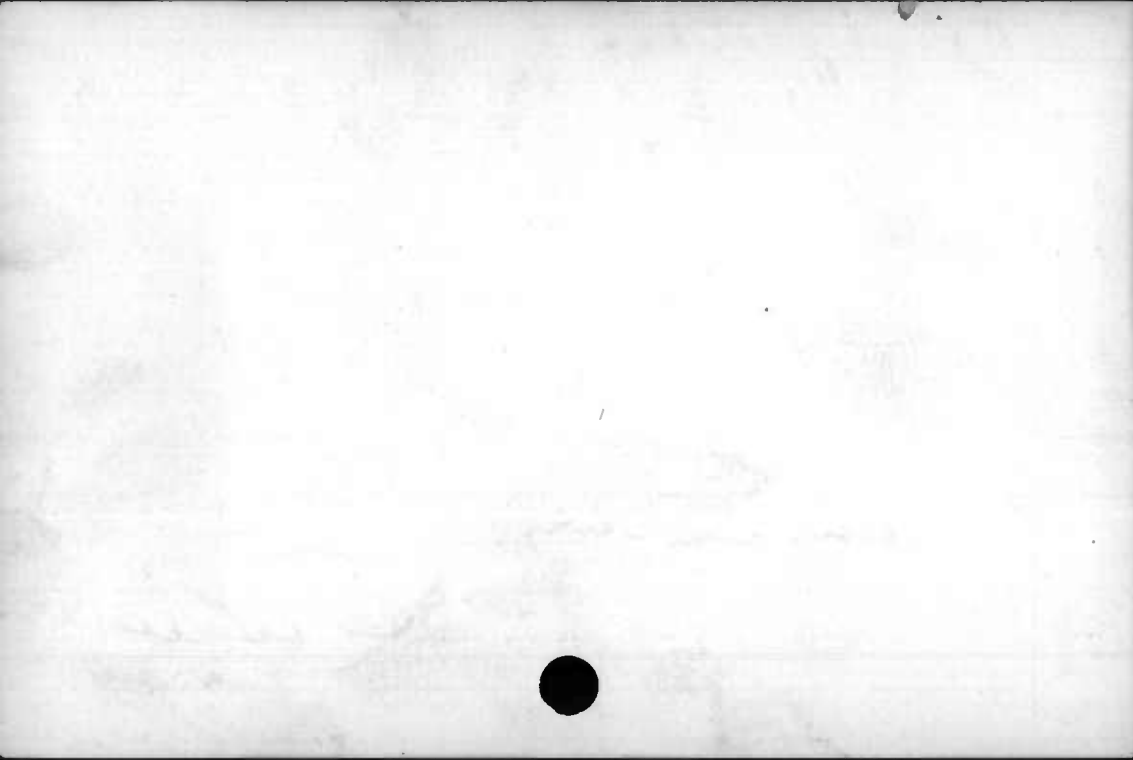
Died at ^{Town} <i>near Glendale</i> ^{County} <i>Prince George</i>		MARYLAND	
Date of death <i>1907</i>	^{Month} <i>July</i>	^{Day} <i>6</i>	^{Years} <i>87</i>
Sex <i>male</i>	Color or Race <i>colored</i>	Birth-place <i>Maryland</i>	
Occupation <i>Farmer</i>	Where Residing if not at place of death _____		
Married, Single or Widowed <i>married</i>	Name of Wife or Husband <i>Martha Fletcher</i>		
Father's Name <i>Don't know</i>	Father's Birthplace <i>Maryland</i>		
Mother's Maiden Name <i>Mary Harrison</i>	Mother's Birthplace <i>"</i>		
Name of person giving information <i>Wm Fletcher</i>	How related to deceased <i>Son</i>		

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Chronic Pulmonary</i>	How long <i>Two years</i>
Immediate _____	How long _____
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Wm M. Durrall M.D.</i>
	Address <i>Springfield Md.</i>
Accident or Suicide?	



Name
in
Full

Norman Fugitt

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at W.C. Beach ^{Town} D.C. ^{County}

Date of death 1907 ^{Month} July ^{Day} 16 ^{Years} Age ^{Months} 7 ^{Days}

Sex male Color or Race White Birth-place Ind

Occupation house Where Residing if not at place of death D.C.

~~Married~~ Single ☒ Name of Wife or Husband _____

Father's Name Jos. Fugitt Father's Birthplace Ind

Mother's Maiden Name Hutchinson Mother's Birthplace Ind

Name of person giving information Jos. Fugitt How related to deceased Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Pneumonia **(93)** How long 5 days

Immediate Unknown How long _____

Are the name, age, sex, color, date and place correctly given above?

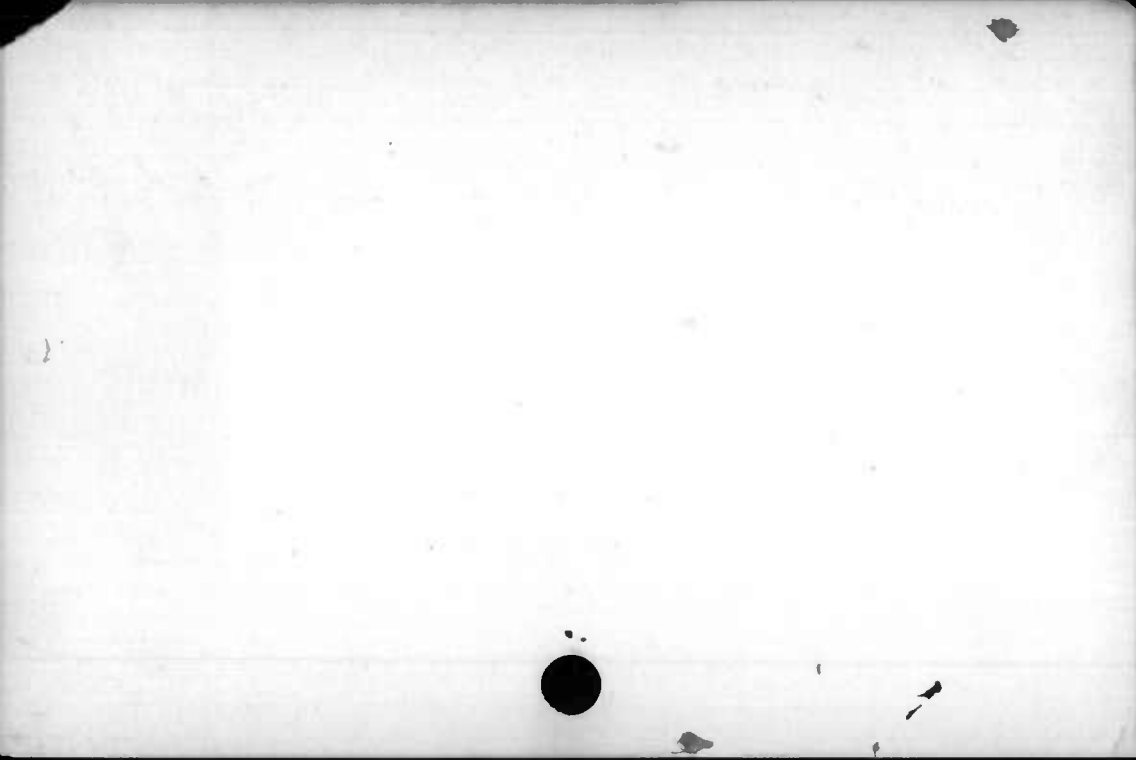
Yes

Signature of Physician

Address

John L. Leary
Washington

Accident or Suicide?



Name
in
Full

Grace Glassco

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

Aguasco

Prince George

Date

Month

Day

Years

Months

Days

of death

1907

7

18

Age

60

Sex

Female

Color or
Race

Colored

Birth-
place

Maryland

Occupation

Housewife

Where Residing if not
at place of death

Aguasco Maryland

Married, Single
or WidowedName of Wife or
Husband

Adam Glassco

Father's
Name

Unknown

Father's
Birthplace

Unknown

Mother's
Maiden Name

Unknown

Mother's
Birthplace

Unknown

Name of person giving
Information

Adam Glassco

How related
to deceased

Husband

CAUSES OF DEATH

Primary

Pneumonia

27

How long

2 yrs

Immediate

Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

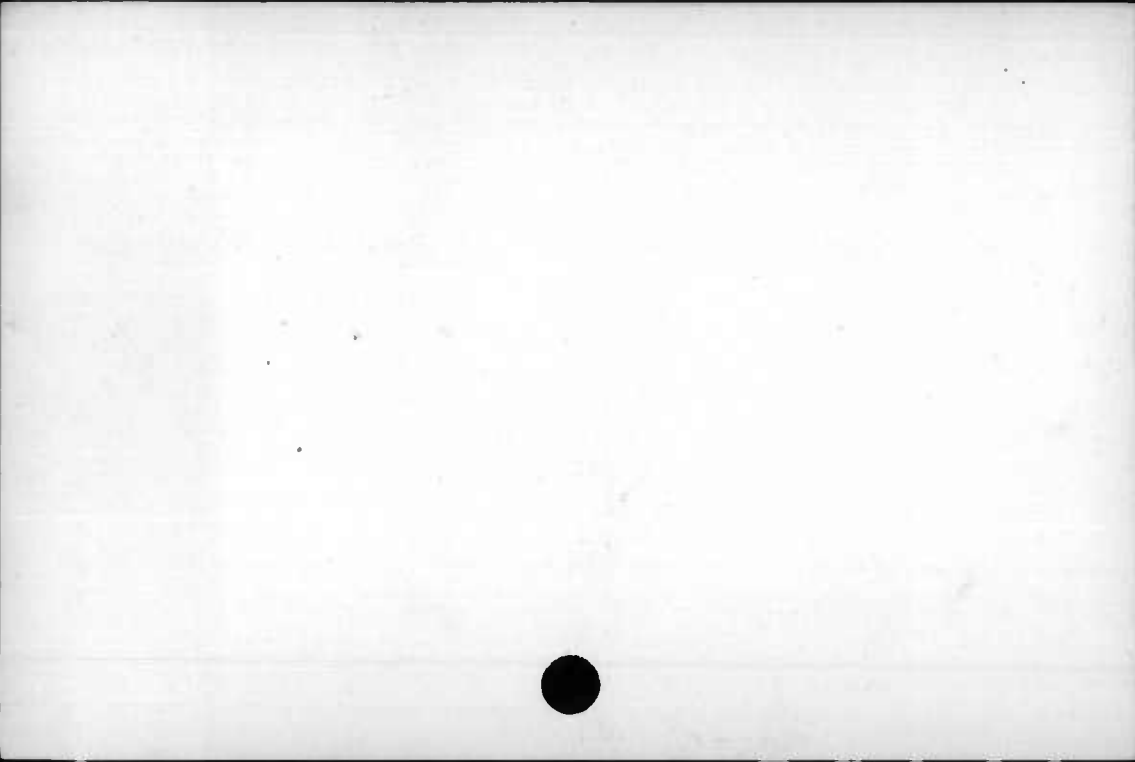
Address

H. Morton Brown M.D.

Aguasco Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Mary W. Green

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

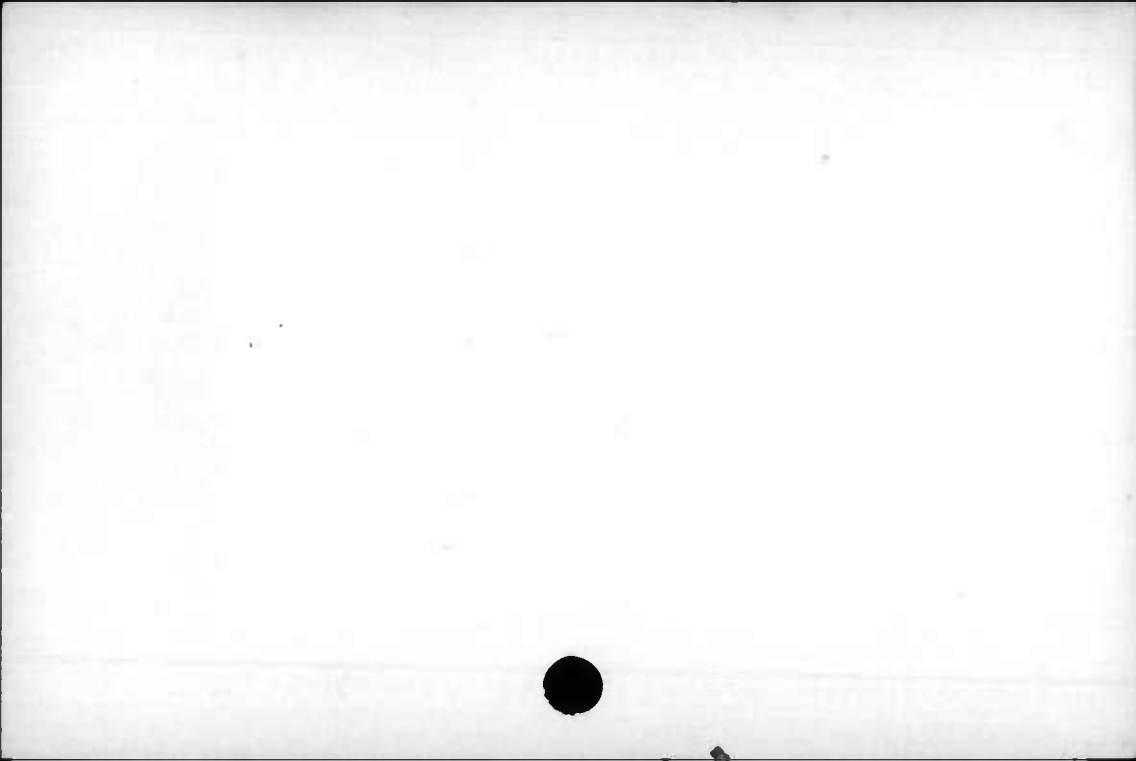
Died at <u>Clinton</u> Town		<u>P.G.</u> County		MARYLAND	
Date of death <u>1907</u>	Month <u>July</u>	Day <u>30</u>	Age	Months <u>2</u>	Days
Sex <u>Female</u>	Color or Race <u>Negro</u>		Birth-place <u>Med</u>		
Occupation <u>house</u>	Where Residing if not at place of death <u>at home</u>				
Married , Single		Name of Wife or Husband			
Father's Name <u>Frank Green</u>			Father's Birthplace <u>Med</u>		
Mother's Maiden Name <u>Estelle Jackson</u>			Mother's Birthplace <u>Med</u>		
Name of person giving information <u>Frank Green</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

1571

PHYSICIAN
OR CORONER

Primary <u>Wattendence</u>	How long
Immediate <u>supposed marasmus</u>	How long <u>2 hrs</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>J. L. Weaving</u>
	Address <u>Clinton</u>
Accident or Suicide?	<u>Med</u>



Name
in
Full

Ruth E. Gregoir

CERTIFICATE OF DEATH

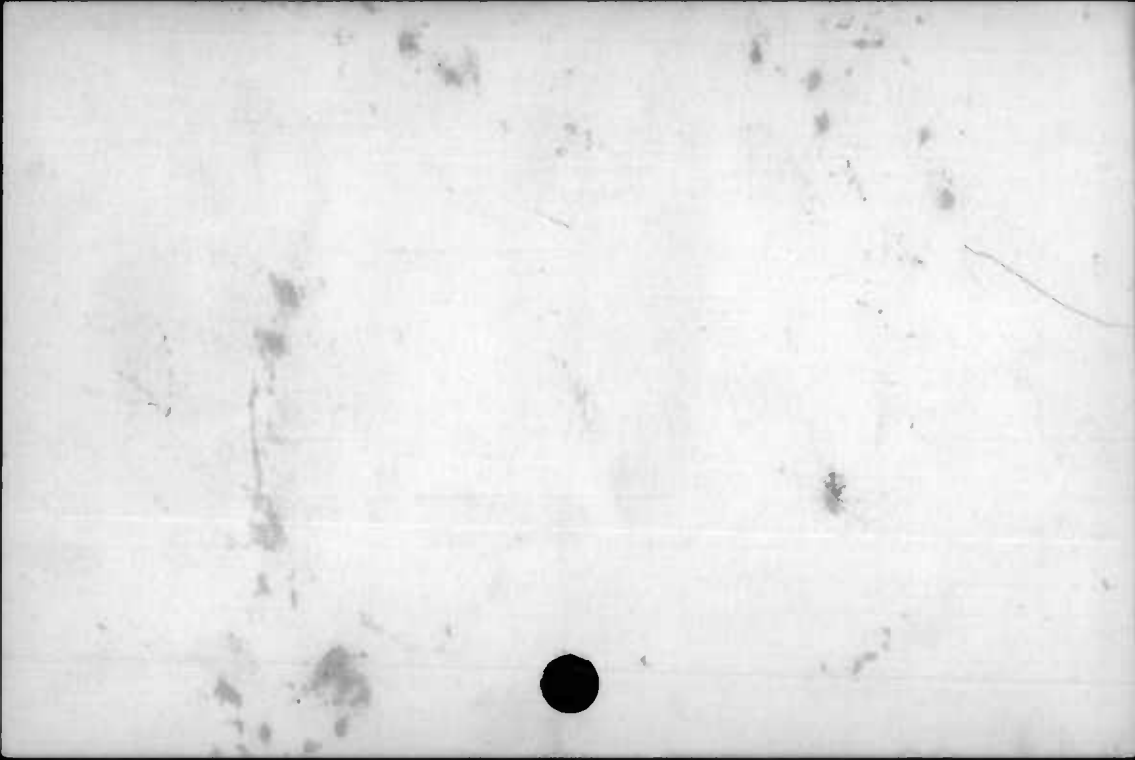
TO BE ANSWERED BY
NEAREST FRIEND

Died at Brentwood <small>Town</small>		Prince George <small>County</small>		MARYLAND	
Date of death 1907	July <small>Month</small>	29 <small>Day</small>	79 <small>Years</small>	4 <small>Months</small>	26 <small>Days</small>
Sex Female	Color or Race White	Birth-place N.Y.			
Occupation None		Where Residing (if not at place of death)			
Married, Single or Widowed Widow	Name of Wife or Husband Edwin Gregoir				
Father's Name Elijah Martin	Father's Birthplace N.Y.				
Mother's Maiden Name Mary Saunders	Mother's Birthplace N.Y.				
Name of person giving information Martina Miller	How related to deceased Daughter				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Senile Gangrene	142	How long Six months
Immediate Inanition		How long One month
Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician John S. Doney	
	Address 20 + R. I. Ave. N. E. Washington D. C.	
Accident or Suicide?		



Name
in
Full

CERTIFICATE OF DEATH

Elizabeth A. Harley

Town

County

MARYLAND

Died at

Open Hill

Pr. Ed.

Date
of death

1907

Month

7

Day

19

Age

Years

Months

Days

Sex

Female

Color or
Race

Colored

Birth-
place

Md.

Occupation

None

Where Residing if not
at place of death

—

Married, Single
or Widowed

—

Name of Wife or
Husband

—

Father's
Name

William O. Harley

Father's
Birthplace

Md.

Mother's
Maiden Name

Elizabeth H. Proctor

Mother's
Birthplace

Md.

Name of person giving
information

Wm O. Harley

How related
to deceased

Father

CAUSES OF DEATH

71

Primary

—

How long

Immediate

Infantile convulsions

How long

1 day

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

E. P. Simpson, M.D.

Address

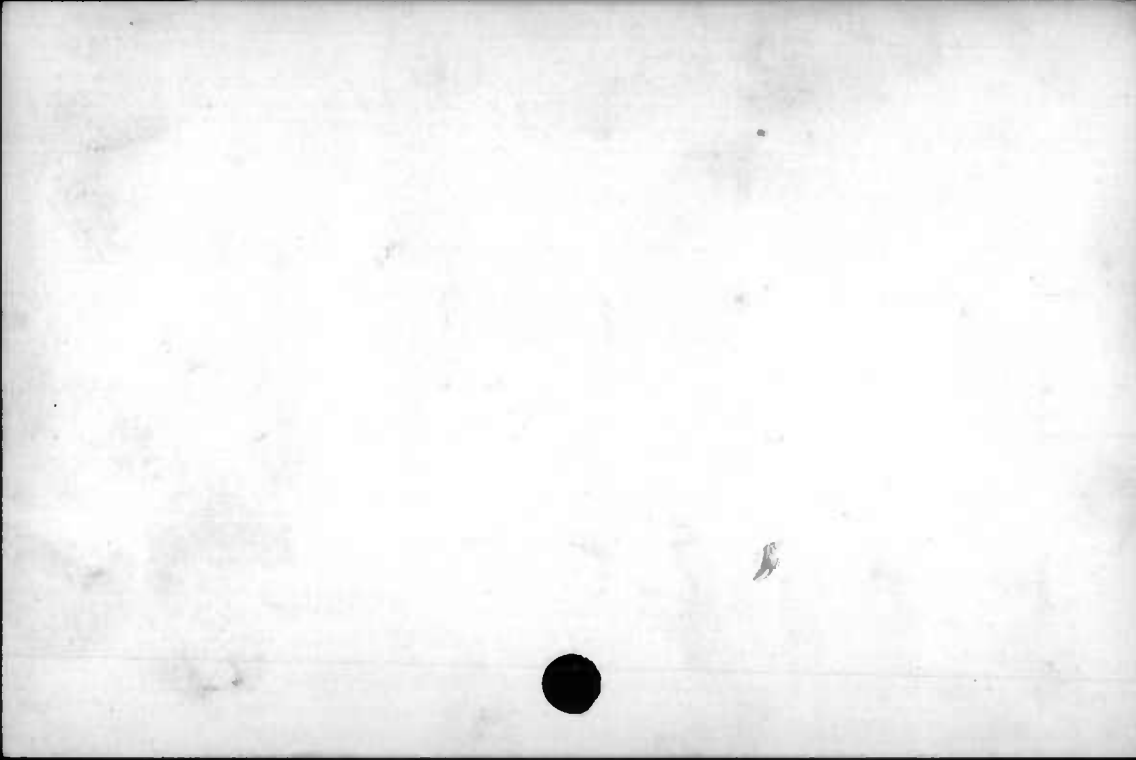
Rosecroft, Md.

Accident or Suicide?

—

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Franklin Pearce Harvey

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

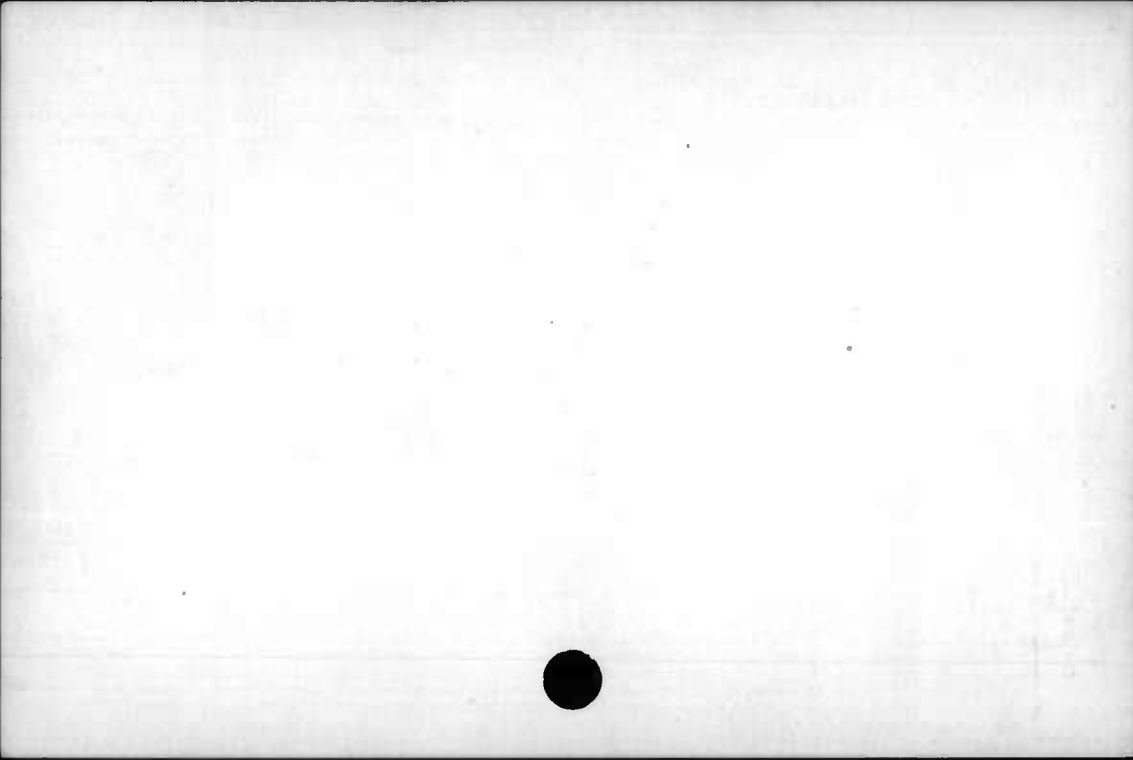
Died at ^{Town} Seabrook ^{County} Prince George		MARYLAND	
Date of death 1907	Month July	Day 6 th	Age 54
Sex Male	Color or Race White	Birth-place Lanham, Md.	Months 1 Days 26
Occupation Railroad Track Foreman	Where Residing if not at place of death		
Married, Single or Widowed Married	Name of Wife or Husband Lulia Virginia Harvey	Father's Name James Newman Harvey	Father's Birthplace Maryland
Mother's Maiden Name Sarah Ann Ridgeway		Mother's Birthplace Maryland	
Name of person giving information Basil E. Harvey		How related to deceased Brother	

CAUSES OF DEATH

157

PHYSICIAN
OR CORONER

Primary Paresis of Brain	How long about 3 Months
Immediate Suicide by Strangulation	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician Geo Macdonald MD
	Address 1204 G St N.W.
Is it Suicide? Suicide	Washington DC



Name
in
Full

Robert I Henson

CERTIFICATE OF DEATH

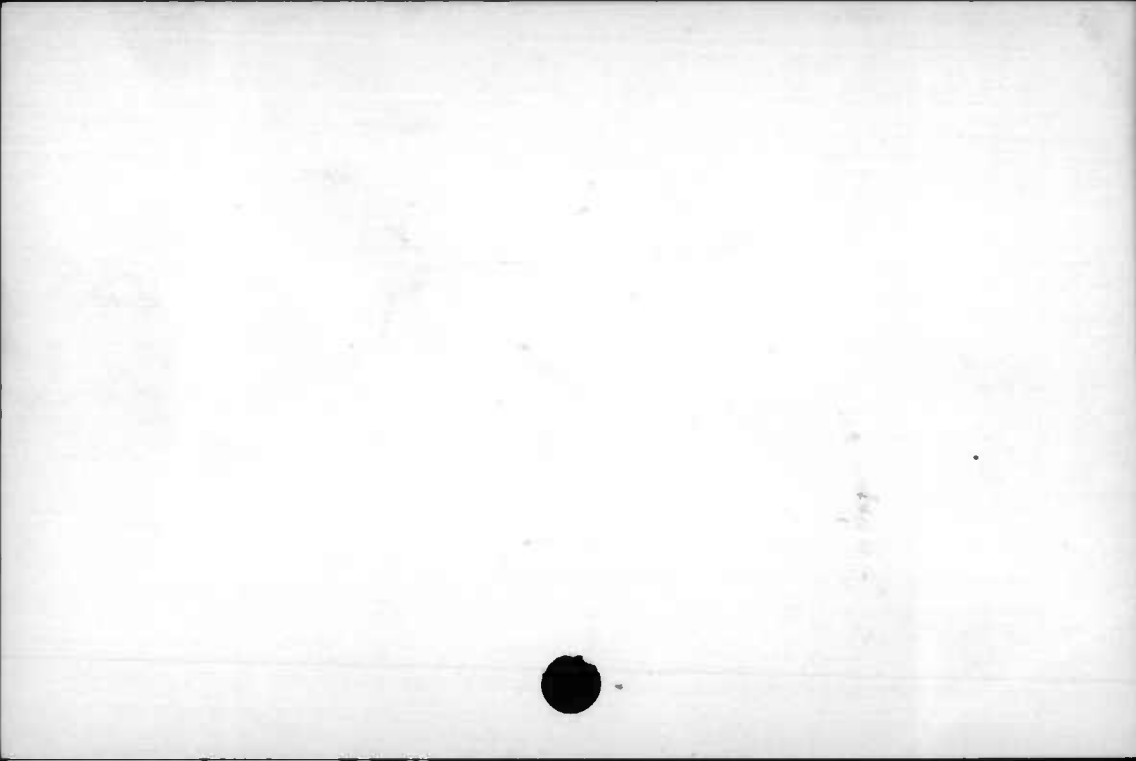
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>near by Marlboro</u>		Town <u>P. G.</u>		County	
Date of death <u>1907</u>		Month <u>7</u>	Day <u>18</u>	Age <u>—</u>	Years <u>—</u>
Sex <u>Male</u>		Color or Race <u>Black</u>		Birth-place <u>P. G. - Ga Md</u>	Months <u>4</u>
Occupation <u>—</u>		Where Residing if not at place of death <u>—</u>			
Married, Single <u>—</u> or Widowed		Name of Wife or Husband <u>—</u>			
Father's Name <u>Charles E. Henson</u>		Father's Birthplace <u>P. G. Ga Md</u>			
Mother's Maiden Name <u>Mollie Randall</u>		Mother's Birthplace <u>A. H. Ga Md</u>			
Name of person giving information <u>Charles E. Henson</u>		How related to deceased <u>—</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>103-</u>	How long <u>7 Days</u>
Immediate <u>Summer Pneumonia</u>		How long <u>4 Days</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes.</u>	Signature of Physician <u>J. E. Sanbury M.D.</u>	Address <u>Forestville Md</u>
Accident or Suicide?		



Name
in
Full

Robert A. Hutton

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

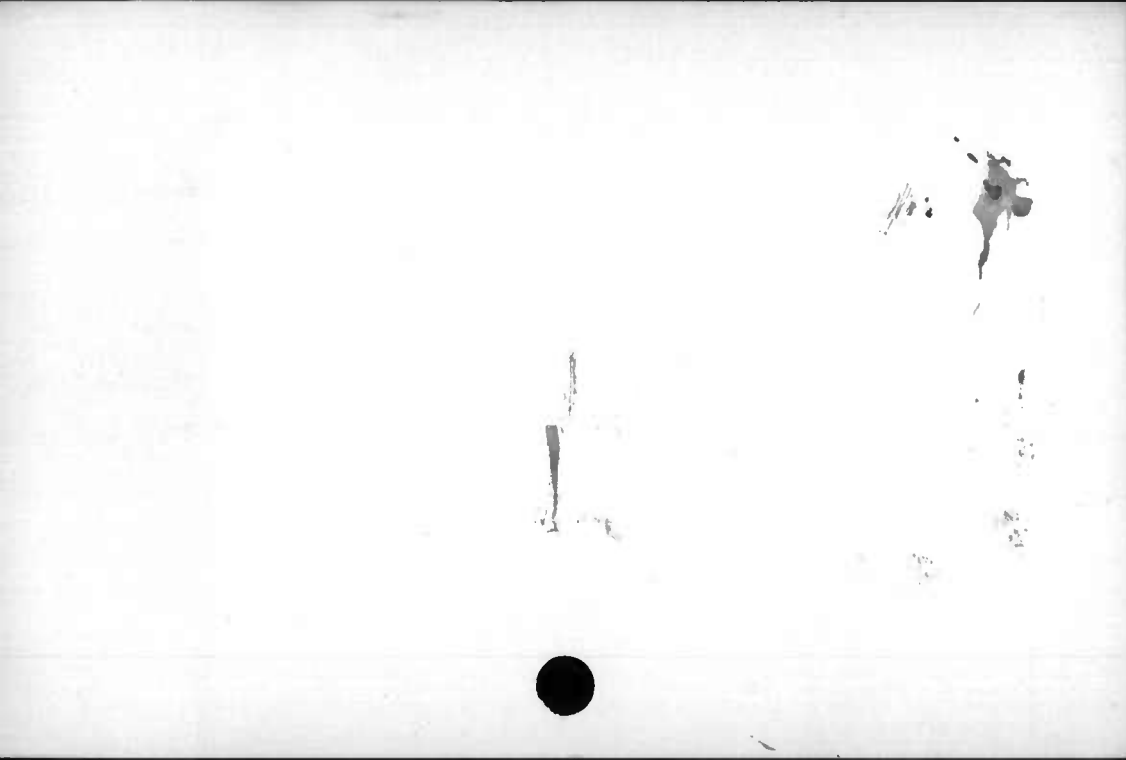
MARYLAND

Died at <u>Clinton</u> Town		<u>P. G.</u> County			
Date of death	<u>1907</u> Month	<u>July</u> Day	<u>25</u> Years	<u>82</u> Months	<u></u> Days
Sex	<u>Male</u>	Color or Race	<u>White</u>	Birth-place	<u>Ind</u>
Occupation	<u>None</u>		Where Residing if not at place of death <u>At home</u>		
Married, Single or Widowed	Name of Wife or Husband		<u>Hutton</u>		
Father's Name	<u>Unknown</u>		Father's Birthplace	<u>Ind</u>	
Mother's Maiden Name	<u>Hardman</u>		Mother's Birthplace	<u>Ind</u>	
Name of person giving information	<u>Richard Hutton</u>		How related to deceased	<u>Son</u>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Found dead in bed</u>	How long	<u>9 hours</u>
Immediate	<u></u>	How long	<u>three days</u>
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>J. L. Kearney</u>
		Address	<u>Clinton Ind.</u>
Accident or Suicide?	<u></u>		



Name
in
Full

CERTIFICATE OF DEATH

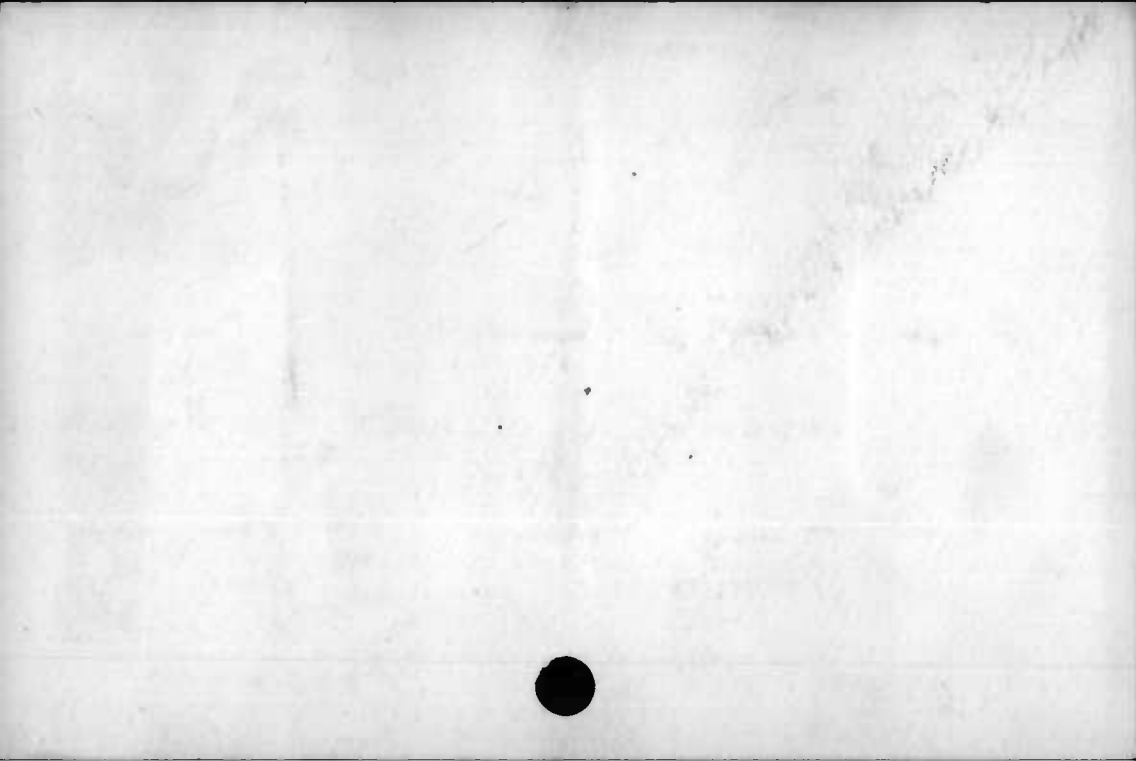
TO BE ANSWERED BY
NEAREST FRIEND

Died at Lundtown ^{Town} R ^{County} Geo
 Date of death 1907 ^{Month} July ^{Day} 11 ^{Years} 2 ^{Months} 4 ^{Days} no
 Sex male Color or Race white Birthplace Virginia
 Occupation none Where Residing if not at place of death 0
 Married, Single or Widowed single Name of Wife or Husband none
 Father's Name Arthur Lemmer Father's Birthplace Canada
 Mother's Maiden Name Sarah Ersey Mother's Birthplace Mass.
 Name of person giving information Arthur Lemmer How related to deceased father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Myocardial 14 How long 7 days
 Immediate congestion of brain How long 24 hours
 Are the name, age, sex, color, date and place correctly given above ☒
 Signature of Physician H. T. Willis
 Address Hyattsville
 Accident or Suicide? no MD.



Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

Name in Full		Town		County		MARYLAND	
Died at		Landover		Pr Geo			
Date of death		Month		Day		Years	
1907		July		30		Age	
Sex		Female		Color or Race		Whites	
Occupation		None		Where Residing if not at place of death		Birth- place	
Married, Single or Widowed		L		Name of Wife or Husband		L	
Father's Name		Arthur Lumner		Father's Birthplace		Lanham In	
Mother's Maiden Name		Sarah Hersey		Mother's Birthplace		Boston Mass	
Name of person giving Information		Arthur Lumner		How related to deceased		Father	

CAUSES OF DEATH

Primary		Whooping cough		How long		Ten days	
Immediate		Pneumonia		How long		Two days	
Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		H. F. Willis	
				Address		Hyattsville Md.	
Accident or Suicide?		no					

x

x

x



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

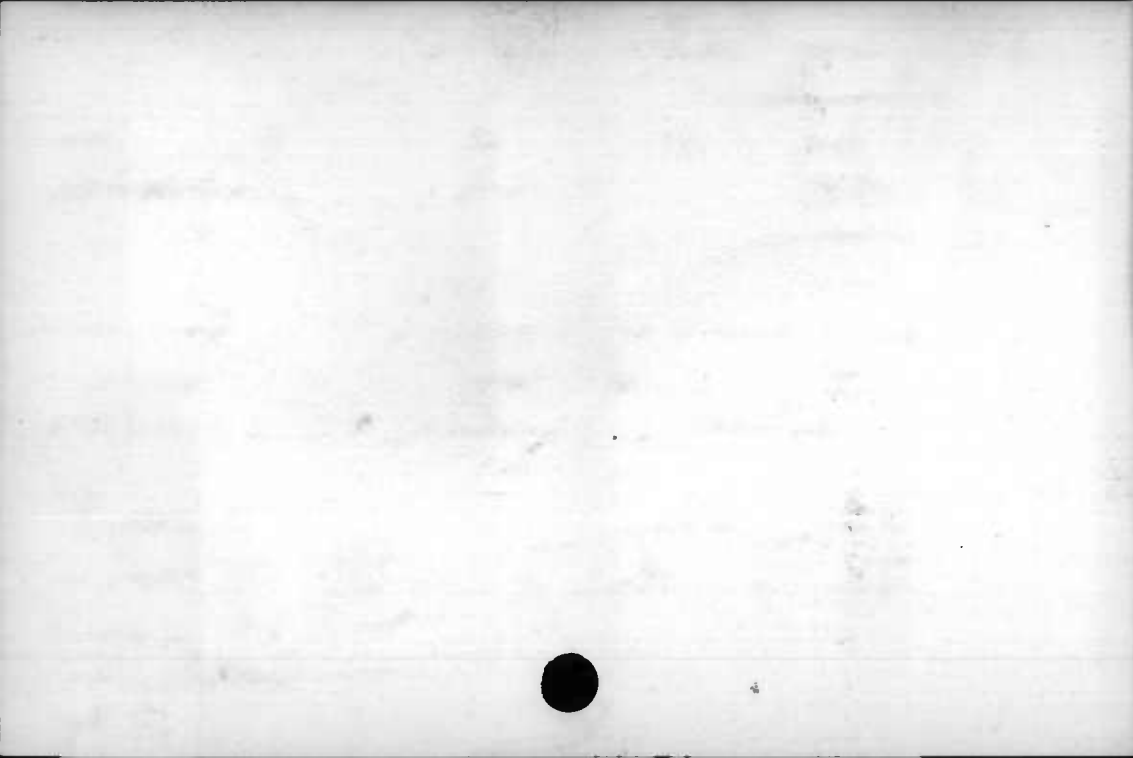
Died at		Town		County		STATE	
Date of death		Month	Day	Age	Years	Months	Days
Sex		Color or Race		Birth-place			
Occupation		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		Father's Birthplace					
Mother's Maiden Name		Mother's Birthplace					
Name of person giving information		How related to deceased					

CAUSES OF DEATH

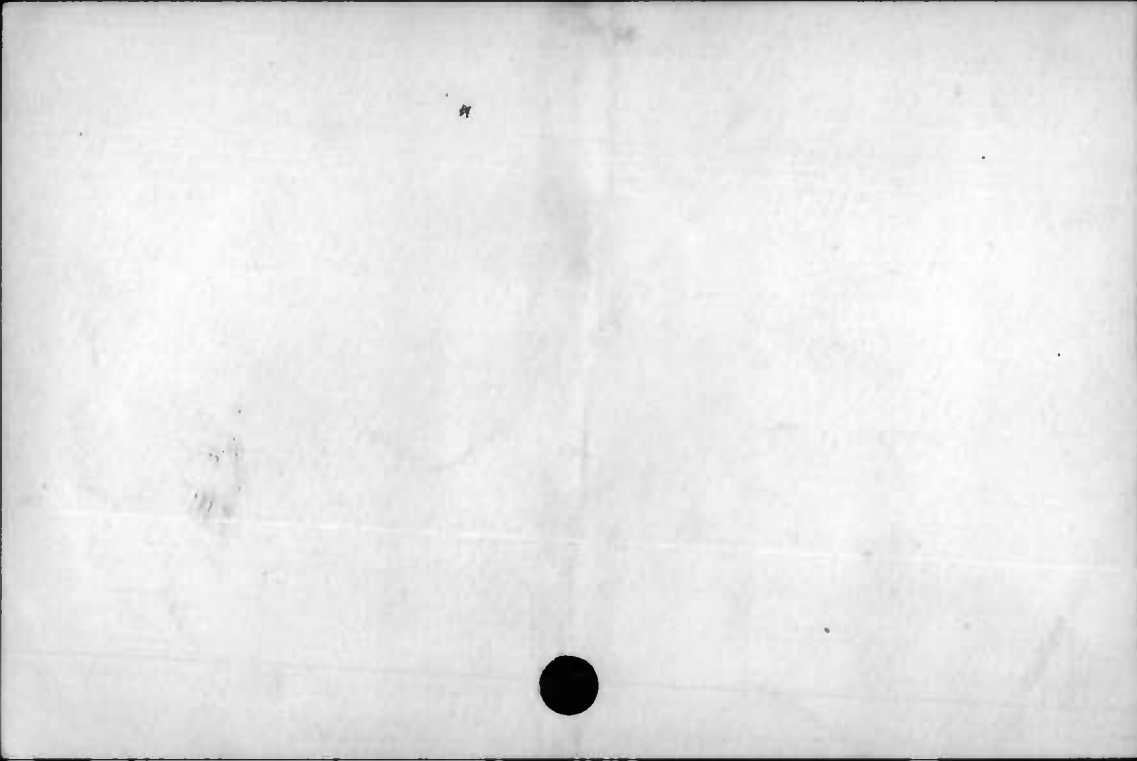
105

PHYSICIAN
OR CORONER

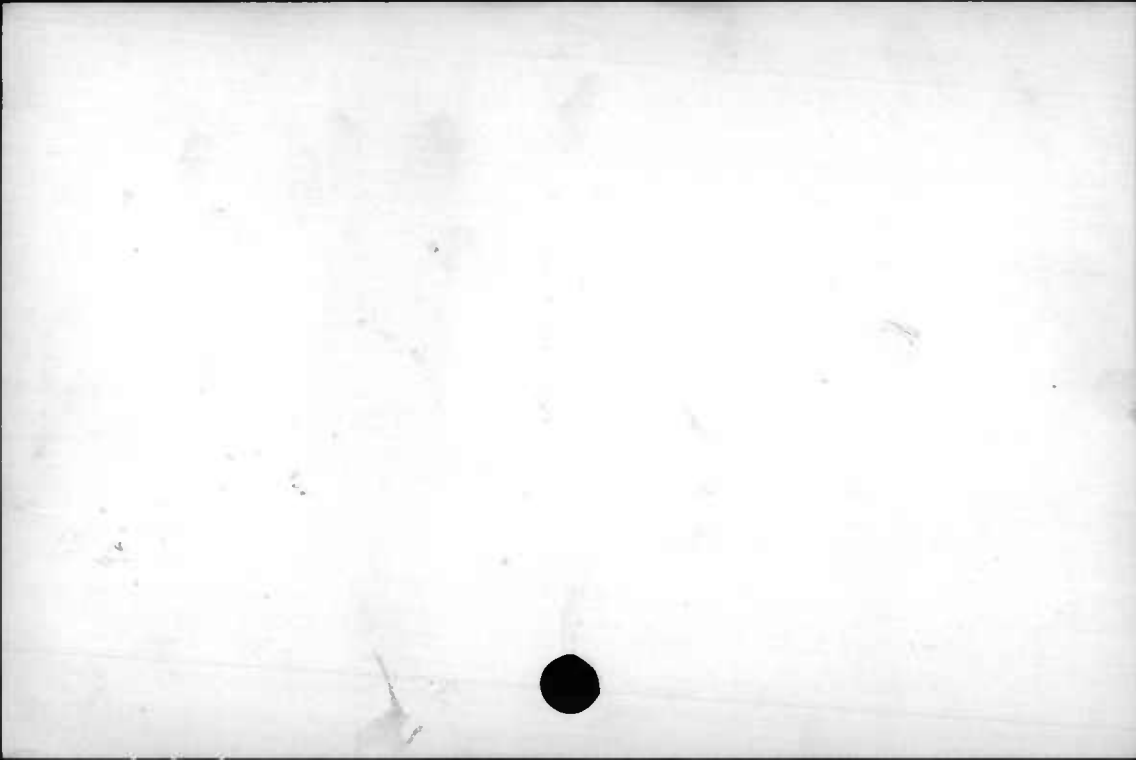
Primary	Intestinal Catarrh	How long	3 courses
Immediate	Eclampsia	How long	3 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		W. F. Taylor	
		Address	
		Laurel Ind	
Accident or Suicide?			



Name in Full		Certificate of Death	
Elizabeth H McGee		County Prince George	
Died at Riverdale		MARYLAND	
Date of death 1907		Month July	
Day 12		Years 67	
Sex Female		Color or Race white	
Occupation Housewife		Where Residing if not at place of death	
Married, Single or Widowed married		Name of Wife or Husband John L. McGee	
Father's Name Devers		Father's Birthplace dont know	
Mother's Maiden Name Jane moore		Mother's Birthplace H Va	
Name of person giving information John L McGee		How related to deceased Husband	
CAUSES OF DEATH			
Primary Paralysis		How long 10 days	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician H. W. Willis	
Address		Thyrtaville Md.	
Accident or Suicide? no			



Name in Full		Sarah E. McKenzie				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town	County		MARYLAND	
	Date of death		Month	Day	Years	Months	Days
	1907 July		22	Age		3	10
	Sex	Female	Color or Race	White		Birth-place	Pr Geo Co. Md
	Occupation	None		Where Residing if not at place of death		None	
	Married, Single or Widowed	Single		Name of Wife or Husband		None	
PHYSICIAN OR CORONER	Father's Name		Jas O. McKenzie		Father's Birthplace		Pr Geo Co. Md
	Mother's Maiden Name		Kidurel		Mother's Birthplace		" " " "
	Name of person giving information		Jas O. McKenzie		How related to deceased		Father
	CAUSES OF DEATH						
PHYSICIAN OR CORONER	Primary		Intermittent from		How long		1 wk
	Immediate		Convulsions		How long		
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		Dr Gifford
	Address		Upper		Address		Marboro Md
Accident or Suicide?							



Name
in
Full

Not named P. G. Miller
Piscataway P. G. County

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Piscataway ^{town} P. G. County MARYLAND
Date of death 1907 ^{Month} July ^{Day} 18 ^{Years} — ^{Months} — ^{Days} 2
Sex Female Color or Race White Birth-place Md.
Occupation None Where Residing if not at place of death —

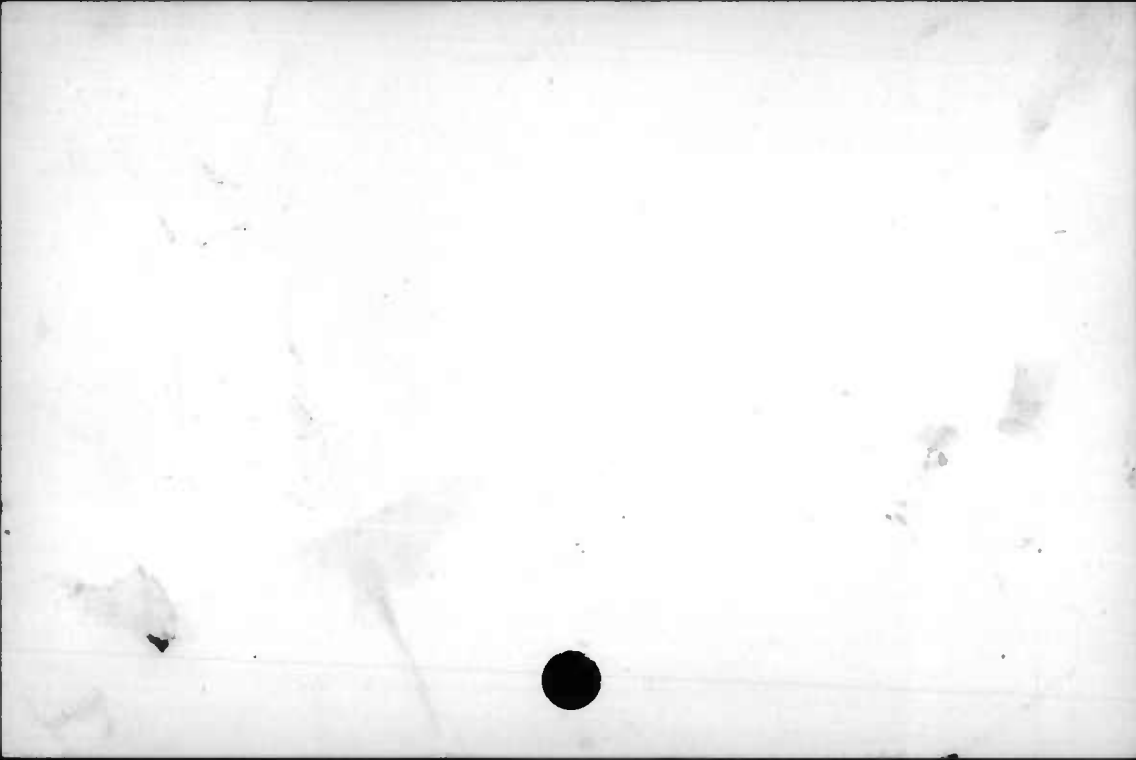
Married, Single or Widowed Name of Wife or Husband —
Father's Name Geo. Miller Father's Birthplace Balto Md.
Mother's Maiden Name Mary Agnes King Mother's Birthplace P. G. Co.
Name of person giving information J. F. How related to deceased —

CAUSES OF DEATH

(151)

PHYSICIAN
OR CORONER

Primary Unknown How long —
Immediate — How long —
Are the name, age, sex, color, date and place correctly given above? — Signature of Physician E. D. Hurtt
— Address Piscataway
— Md.
Accident or Suicide? —



Name in Full		Certificate of Death			
Enoch George Perrie		Town Weston		County Prince George	
Died at		Maryland			
Date of death		1907		July 11	
Age		80		Months	
Sex		male		Color or Race	
Occupation		Farmer		Birth-place	
Where Residing if not at place of death		Weston Md		Weston Md	
Married, Single or Widowed		Single		Name of Wife or Husband	
Father's Name		Lloyd Perrie		Father's Birthplace	
Mother's Maiden Name		Martha A. Waring		Mother's Birthplace	
Name of person giving information		Jos. J. Perrie		How related to deceased	
				Nephew	
		CAUSES OF DEATH		79	
Primary		Organic Heart Disease		How long	
Immediate		Exhaustion		Long	
Are the name, age, sex, color, date and place correctly given above?		yes -		Signature of Physician	
Accident or Suicide?				Address	
				H. Morton Brown	
				Aquasco Md	

F



Name
in
Full

CERTIFICATE OF DEATH

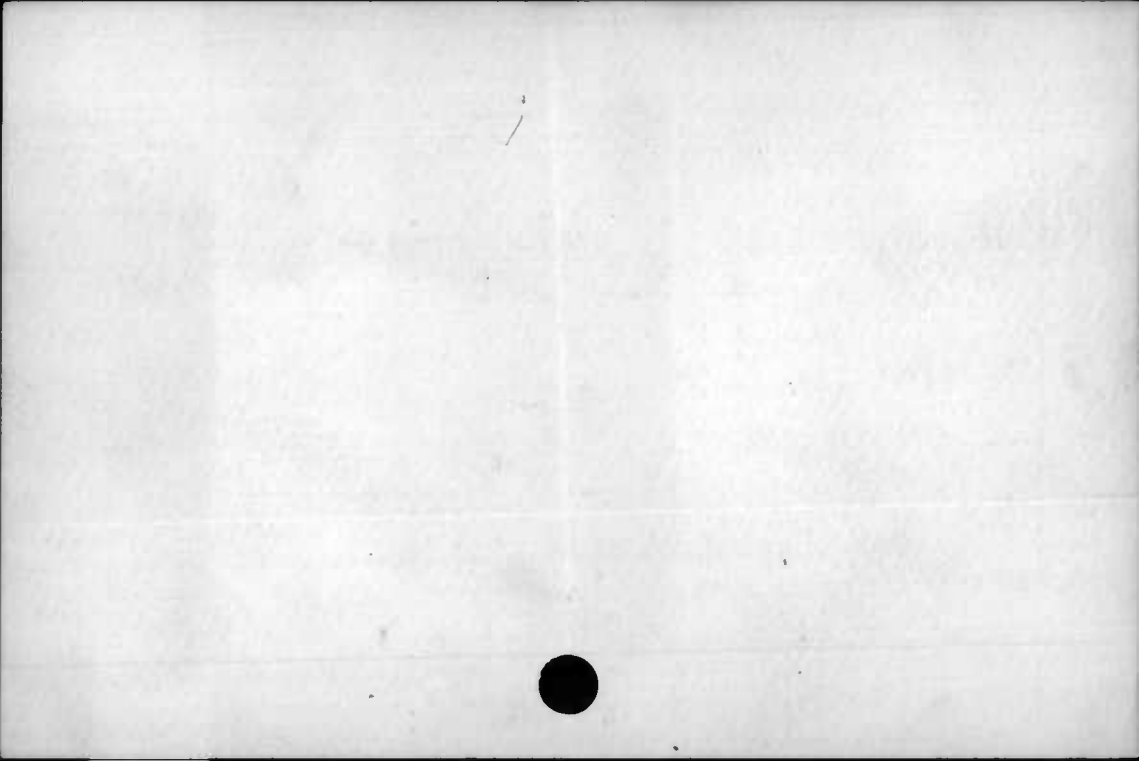
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND						
Date of death		1907	Month	July	Day	22	Age	Years	8	Months	16	Days
Sex		Male		Color or Race		White		Birth-place		Hyattsville Md		
Occupation		Child		Where Residing if not at place of death								
Married, Single or Widowed		Single		Name of Wife or Husband		Unmarried						
Father's Name		Frank Schoenbauer						Father's Birthplace		Germany		
Mother's Maiden Name		Mama Miller						Mother's Birthplace		Germany		
Name of person giving information		Father (F Schoenbauer)						How related to deceased		Father		

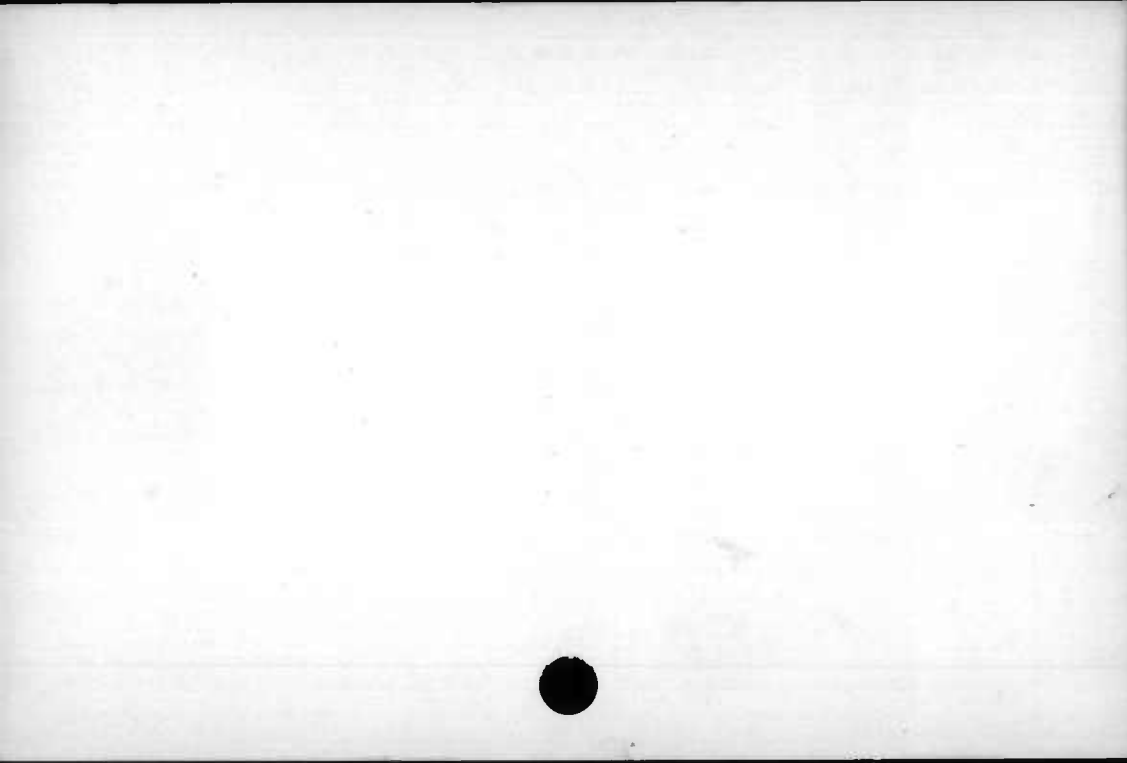
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Marasmus	How long	Since birth
Immediate	Exhaustion	How long	Since birth
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		C. W. Lindvall Md	
Address		Hyattsville Md	
Accident or Suicide?			



Name in Full		Thomas Smith				CERTIFICATE OF DEATH	
Died at		Broom Station		C. G.		MARYLAND	
Date of death		1907	Month 7	Day 9	Age —	Years —	Months 3
Sex		Male		Color or Race		Black	
Occupation		None		Where Residing if not at place of death		Birth- place	
Married, Single or Widowed		Single		Name of Wife or Husband		C. G. & Ind	
Father's Name		William Smith				Father's Birthplace	
Mother's Maiden Name		Matilda Diggs				Mother's Birthplace	
Name of person giving Information		William Smith				How related to deceased	
						Father	
CAUSES OF DEATH							
Primary		Don't Know		179		How long	
Immediate						Sick since birth	
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		L. A. Griffith	
				Address		Upper Marlboro	
Accident or Suicide?		No				Med	



Name
in
Full

Mary E. Swann

CERTIFICATE OF DEATH

MARYLAND

Died at *Crown Sta* Town *Pr Geo* CountyDate of death *1907* Month *July* Day *2d* Age *-* Years *-* Months *4* Days *-*Sex *Female* Color or Race *Black* Birth-place *Crown Sta*Occupation *-None* Where Residing if not at place of death *-*Married, Single or Widowed *-*Name of Wife or Husband *-*Father's Name *Mitchell Swann*Father's Birthplace *Chas Co*Mother's Maiden Name *Grundy*Mother's Birthplace *Fla*Name of person giving information *Mitchell Swann*How related to deceased *Father*

CAUSES OF DEATH

105

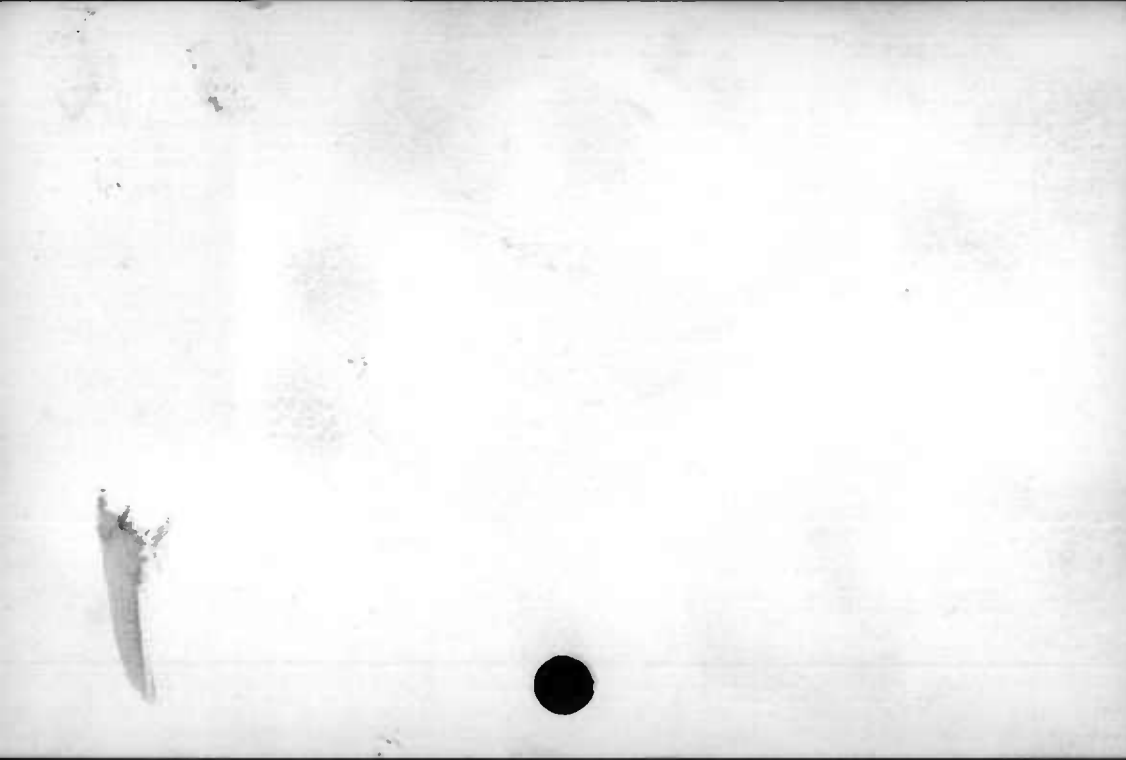
Primary *Cholera Infantum, Insane* How long *Don't know*

Immediate

Are the name, age, sex, color, date and place correctly given above? *Supposed*Signature of Physician *Dr. Gifford*Address *Upper Marlboro Md*

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

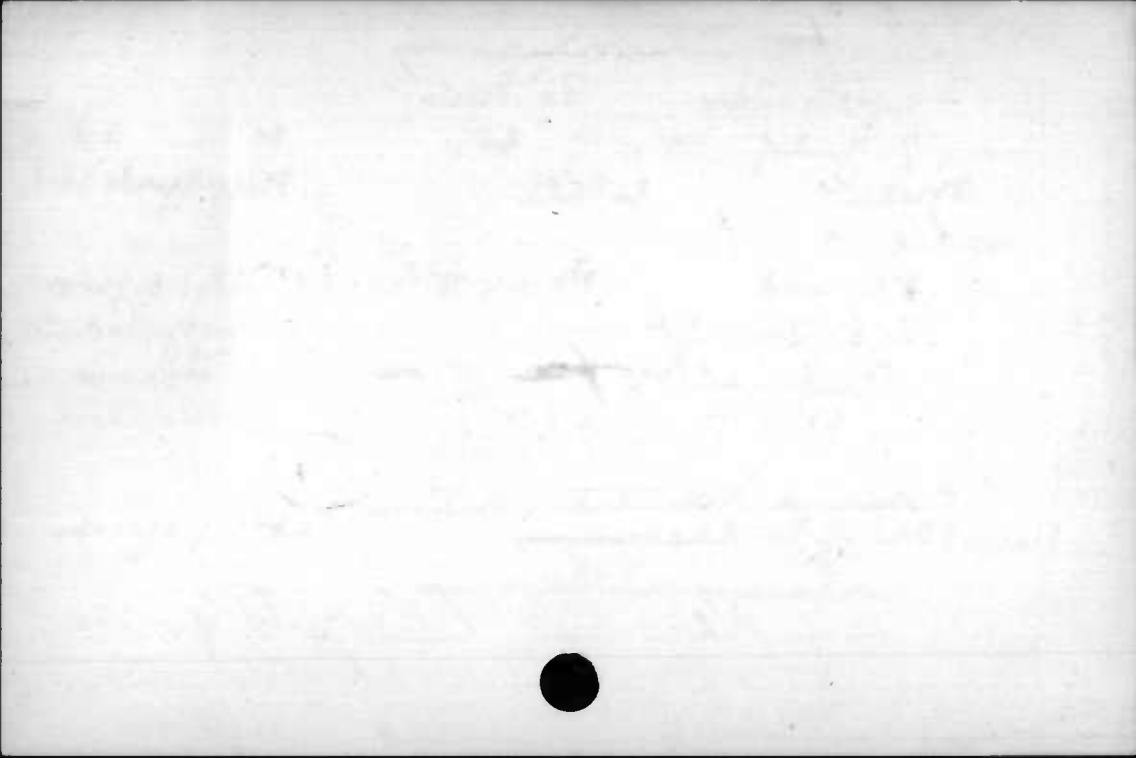
Name in Full Adda Fairfax Taylor		Town Bowie		County Prince George		State MARYLAND	
Died at		Date of death 1907		Month July		Day 18	
Sex Female		Color or Race Colored		Age 22		Years 22	
Occupation House wife		Birth-place Maryland		Months		Days	
Married, Single or Widowed Married		Name of Wife or Husband Andrew Taylor		Where Residing if not at place of death			
Father's Name Wiles Fairfax		Father's Birthplace Virginia		Mother's Maiden Name Harriet Fairfax Jackson		Mother's Birthplace Virginia	
Name of person giving information Andrew Taylor		How related to deceased Husband					

CAUSES OF DEATH

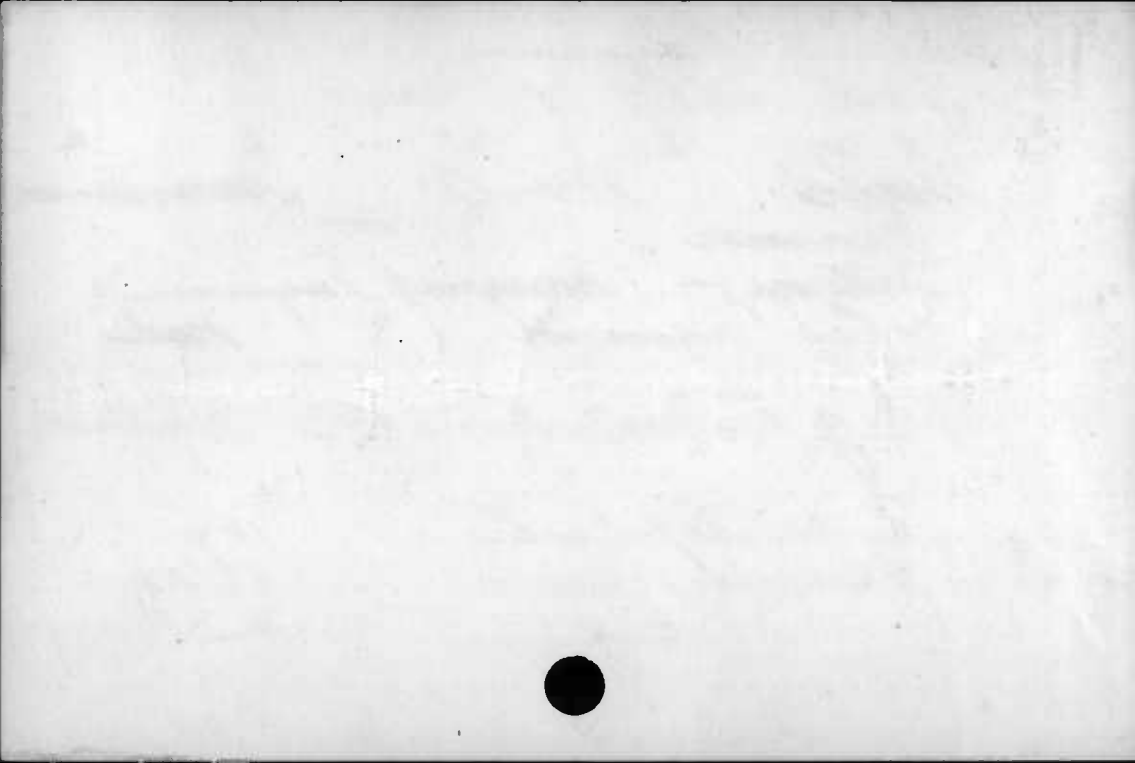
64

PHYSICIAN
OR CORONER

Primary Apoplexy	How long Sudden
Immediate Coma	How long
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician Nelson A. Ryan M.D.
	Address Bowie
Accident or Suicide? No	M.D.



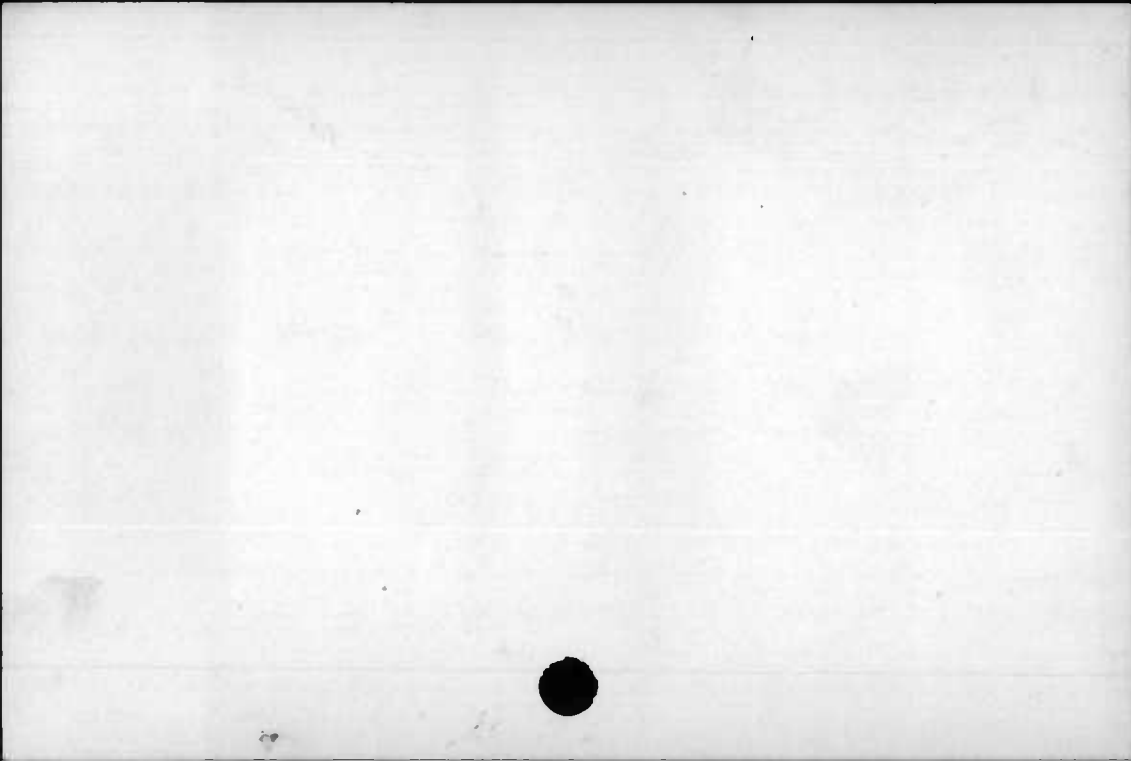
Name in Full		Helen Taylor				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		T.B. Town		Pr 122 County		MARYLAND	
	Date of death		1907	7	29	39	Months Days	
	Sex		female		Color or Race		Colored	
	Occupation		Landowner		Where Residing if not at place of death		Washington D.C.	
	Married, Single or Widowed		Married		Name of Wife or Husband		George Taylor	
	Father's Name		Geo. Booz		Father's Birthplace		Ind	
	Mother's Maiden Name		Rosa Hawkins		Mother's Birthplace		Ind	
	Name of person giving information		M. L. Booz		How related to deceased		Brother	
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary		Pulmonary Tuberculosis				How long 9 months	
	Immediate		As Thru				How long	
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		John A. Cox	
					Address		T.B.	
	Accident or Suicide?							



Name in Full Rexter H. Thompson		Town Hyattsville		County Po. Isles		CERTIFICATE OF DEATH	
Died at Hyattsville		Month July		Day 19		Years 65	
Date of death 1907		Month July		Day 19		Years 65	
Sex Male		Color or Race White		Birth-place New York State		Months 11	
Occupation Retired		Where Residing if not at place of death		Days 24			
Married, Single or Widowed Married		Name of Wife or Husband Rena Phoebe Thompson		Father's Name Iseo. Thompson		Father's Birthplace New York State	
Mother's Maiden Name Unknown		Mother's Birthplace Unknown		How related to deceased Son-in-law			
Name of person giving information Wm. J. Pierce							
		CAUSES OF DEATH					
Primary Enlarged prostate, Cardiac lesion, Bright's disease		How long many years					
Immediate Uremic Coma		How long 4 days					
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician Dr. J. H. [Signature]		Address Hyattsville Md			
Accident or Suicide? Neither							

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

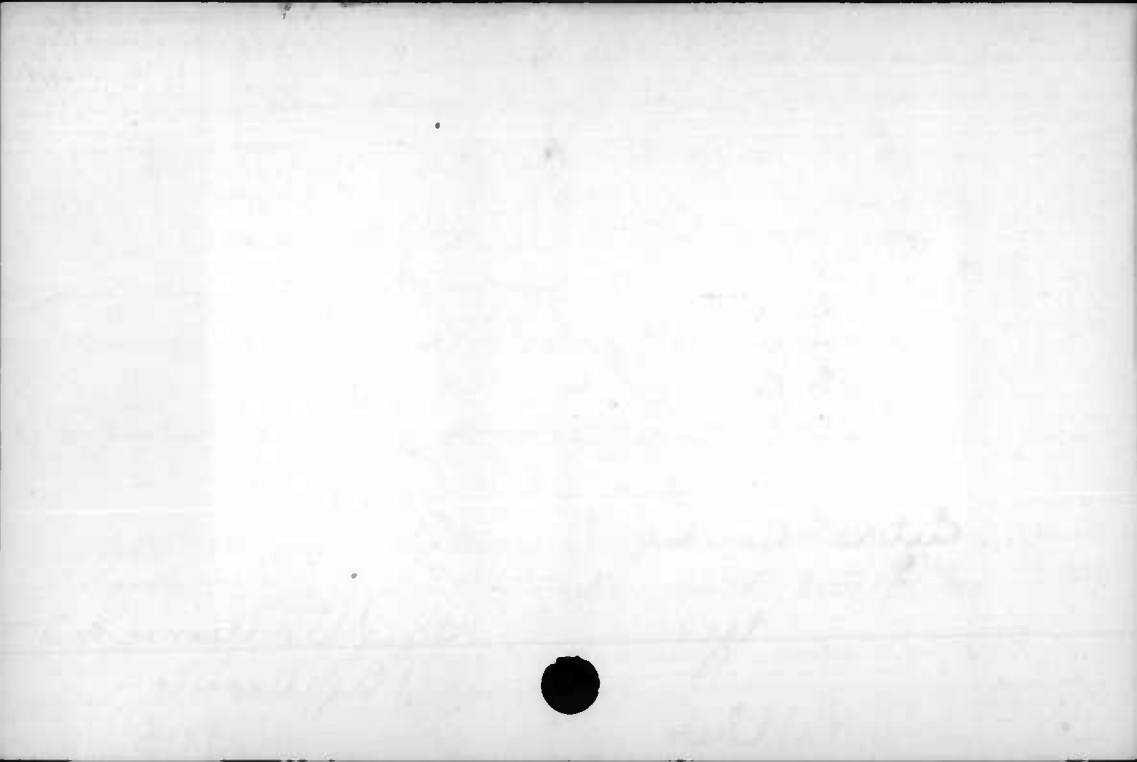
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>William Bryan Turner</i>		Town <i>Aguasco</i>		County <i>Prince George</i>		MARYLAND	
Died at <i>Aguasco</i>		Month <i>7</i>		Day <i>30</i>		Age Years <i>4</i>	
Date of death <i>1907</i>		Month <i>7</i>		Day <i>30</i>		Age Years <i>4</i>	
Sex <i>Male</i>		Color or Race <i>white</i>		Birth-place <i>Aguasco Md.</i>			
Occupation <i>none</i>		Where Residing, if not at place of death					
Married, Single <i>Widowed</i>		Name of Wife or Husband					
Father's Name <i>G. Jument Turner</i>		Father's Birthplace <i>Maryland</i>					
Mother's Maiden Name <i>Anne B. Turner</i>		Mother's Birthplace <i>"</i>					
Name of person giving information <i>Albert Turner</i>		How related to deceased <i>Uncle</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Mal. assimilation</i>	How long <i>179</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>H. Morton Brown M.D.</i>
	Address <i>Aguasco Maryland.</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Hyattsville

County

Prince Geo.

MARYLAND

Date

of death

190

Month

July

Day

23

Age

Years

2

Months

Days

Sex

Female

Color or
Race

white

Birth-
place

M.D.

Occupation

None

Where Residing if not
at place of death

None

Married, Single
or Widowed

Single

Name of Wife or
Husband

None

Father's
Name

Matthew Walsh

Father's
Birthplace

England

Mother's
Maiden Name

Alice Gath

Mother's
Birthplace

"

Name of person giving
Information

Alice Walsh

How related
to deceased

mother

CAUSES OF DEATH

Primary

Enteric - Colitis

106

How long

10 days

Immediate

Spinal Meningitis

How long

4 days

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Sam Whetimer, M.D.

Address

Hyattsville

Accident or Suicide?

Neither

Md

PHYSICIAN
OR CORONER



Name
in
Full

Eliza A. Ware

CERTIFICATE OF DEATH

Died at ^{Town} *Laurel*^{County} *St. George*

MARYLAND

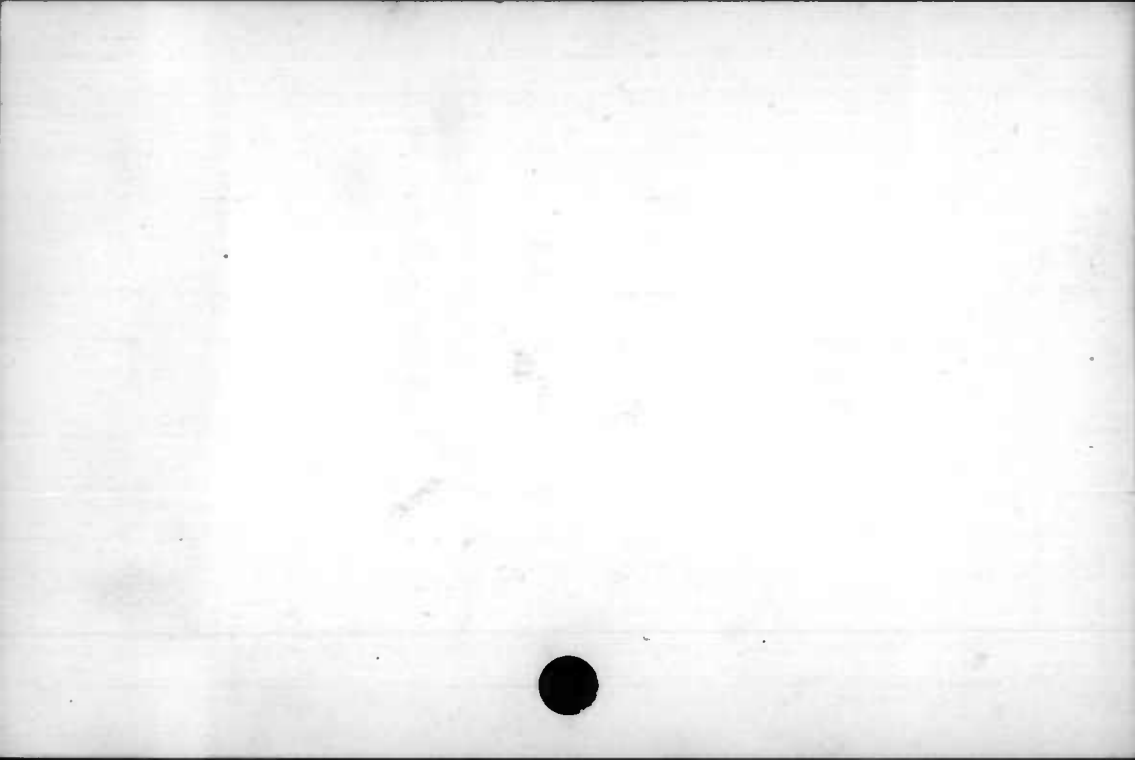
Date
of death *1907*Month *7*Day *22*Age *62*Months *2*Days *16*Sex *Female*Color or
Race *White*Birth-
place *Harford Co. Md.*Occupation *Lady*Where Residing if not
at place of deathMarried, Single
or Widowed *Single*Name of Wife or
HusbandFather's
Name *John B. Ware*Father's
Birthplace *Harford Co*Mother's
Maiden Name *Mary Ware*Mother's
Birthplace *Harford Co.*Name of person giving
In formation *Mrs. M. J. Tighe*How related
to deceased *cousin*

CAUSES OF DEATH

Primary *Intestinal Parasite*How long *107**one year*Immediate *Pericereus Anemia*How long *7 weeks*Are the name, age, sex, color, date
and place correctly given above? *yes*Signature of
Physician *W. F. Taylor M.D.*Address *Laurel Md*

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
In
Full

Lillian Irine Williams

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

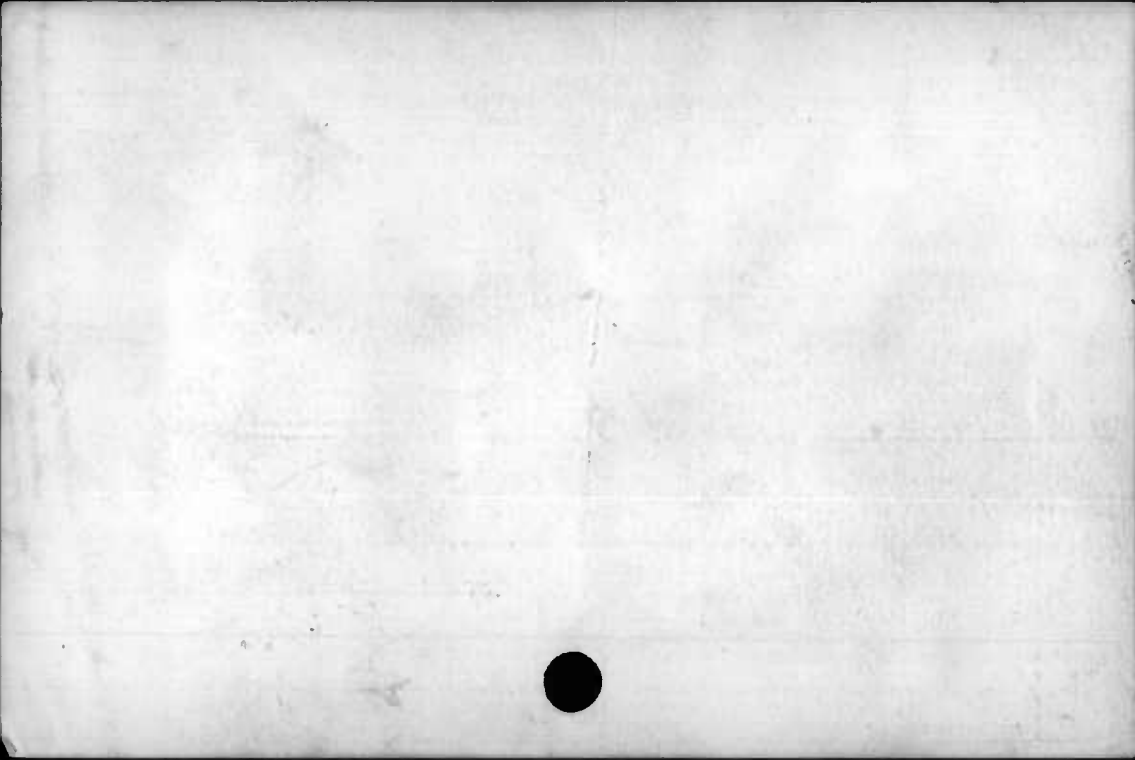
Died at <u>Lakeland</u> ^{Town}		<u>Prince George's</u> ^{County}		MARYLAND	
Date of death <u>1907</u>	<u>July</u> ^{Month}	<u>8</u> ^{Day}	Age <u>2</u> ^{Years}	<u>2</u> ^{Months}	<u>16</u> ^{Days}
Sex <u>Female</u>	Color or Race <u>Negro</u>	Birth-place <u>Lakeland Md</u>			
Occupation <u>None</u>	Where Residing if not at place of death				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband				
Father's Name <u>Herbert Williams</u>	Father's Birthplace <u>Md</u>				
Mother's Maiden Name <u>Bertha Stewart</u>	Mother's Birthplace <u>Md</u>				
Name of person giving information <u>Bertha Williams</u>	How related to deceased <u>Mother</u>				

CAUSES OF DEATH

1371

PHYSICIAN
OR CORONER

Primary <u>measles</u>	How long <u>since birth</u>
Immediate <u>undetermined (died unexpectedly at night)</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>R. J. H. ...</u>
	Address <u>Berwyn Md</u>
Accident or Suicide?	<u>Md</u>



Name

in
Full

CERTIFICATE OF DEATH

Harry Edward Wood

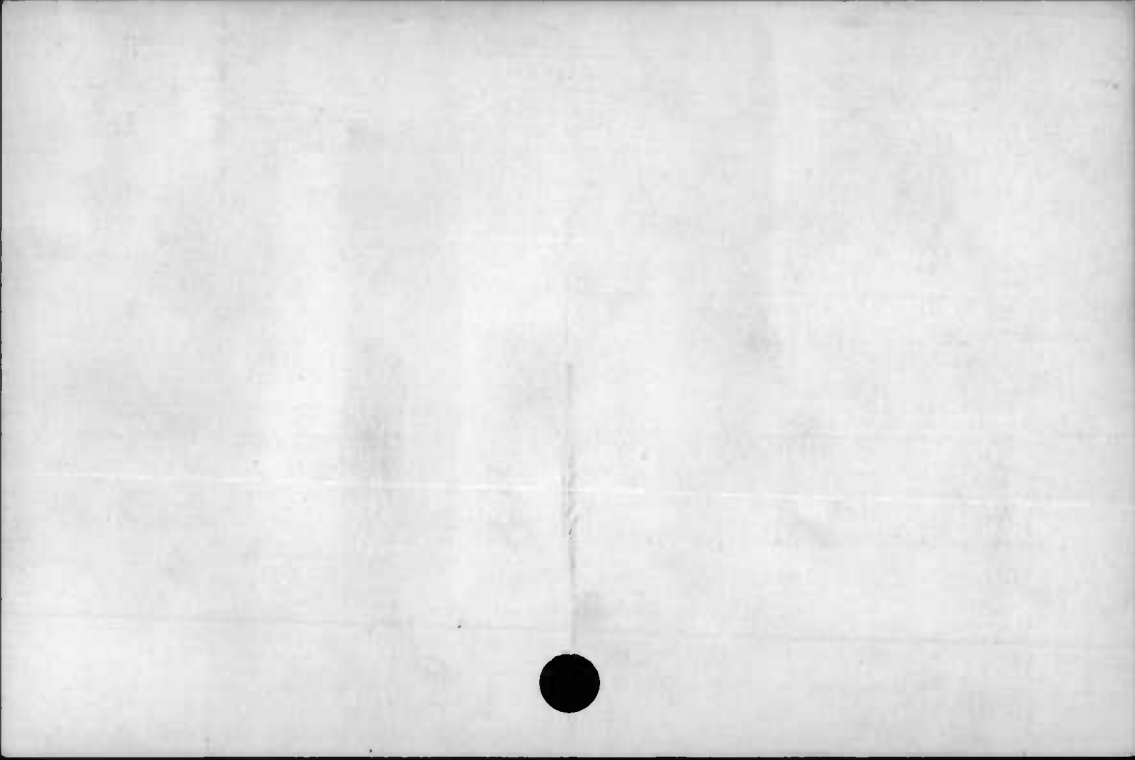
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Marebors.</i>		Town <i>Ar</i>		County <i>Se</i>		MARYLAND	
Date of death	1907	Month	July	Day	26	Age	—
Sex	Male		Color or Race	White		Birth-place	Upper, Maryland
Occupation	— None			Where Residing if not at place of death			—
Married, Single or Widowed				Name of Wife or Husband			
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				How related to deceased			
Irvin Wood				Father			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Gastitis</i>	How long	<i>1 mo</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>D. P. Puffer</i>	
		Address	
		<i>Upper, Maryland</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Still born *Unknown*

Died at *Hall* Town *Prince George* County

MARYLAND

Date of death *1907* Month *July* Day *5th* Years *0* Months *0* Days *0*

Sex *Female* Color or Race *Colored* Birth-place *Hall. Md*

Occupation *None* Where Residing if not at place of death _____

Married, Single or Widowed *Single* Name of Wife or Husband _____

Father's Name *Unknown* Father's Birthplace _____

Mother's Maiden Name *"* Mother's Birthplace _____

Name of person giving information *"* How related to deceased _____

CAUSES OF DEATH

(S)

PHYSICIAN
OR CORONER

Primary *Still born babe* How long _____

Immediate _____ How long _____

Are the name, age, sex, color, date and place correctly given above? ☒

Signature of Physician *H. J. Hinkley*

Address *Hall. Maryland*

Accident or Suicide? ☒

